**Model SS1 - Individual form of**

 **Surname and First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Gender: M/F**

 **Born in: Province:( ) Country:**

 **On:**

 **Tax code:**

 **Assisted living code (see health card):**

 **Domicile of residence**

 **Telephone/cell phone:**

 **Address (if different from domicile):**

**1. Referring facility**

 **Address of usual place of work**

 **Other indications (O.U., Pavilion, etc.)**

 **Office tel:**

 **Office fax:**

 **Laboratory tel:**

 **E-mail:**

**2. Date of recruitment/commencement of employment**

**3. Type of contract: fixed term/indefinite term**

**4. Date of termination of employment (fixed-term only)**

**5. Health surveillance**

 At the University/at another institution

**6. Qualification (tick the box of interest)**

* Full Professor, Associate Professor, University Researcher
* Technician
* Administrative
* Librarian
* Trainee
* Scholar
* Thesis student
* Doctoral candidate
* Postgraduate student
* Research fellow
* External collaborator
* Other (specify)
1. **Detailed description of the work performed:**
2. **Research topic and relevant holder:**
3. **General information about the workplace (please tick the box of interest)**
* Classrooms 🞎 yes 🞎 no
* Offices 🞎 yes 🞎 no
* Health facilities 🞎 yes 🞎 no
* Chemical laboratories 🞎 yes 🞎 no
* Biological laboratories 🞎 yes 🞎 no
* Physical/environmental laboratories 🞎 yes 🞎 no
* Enclosures 🞎 yes 🞎 no
* Workshops 🞎 yes 🞎 no
* General outdoor services 🞎 yes 🞎 no
1. **Identification of the laboratory/office predominantly attended**
* At the University:
* At other institutions:
1. **Work in particular environmental conditions (please tick the box of interest)**
* Cold rooms 🞎 yes 🞎 no
* Hot rooms 🞎 yes 🞎 no
* White rooms 🞎 yes 🞎 no
* Ionising radiation 🞎 yes 🞎 no if yes indicate category
* Work at height 🞎 yes 🞎 no
* Work in darkness 🞎 yes 🞎 no
* Outdoor work 🞎 yes 🞎 no
* Other (specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **Protective equipment identified (PEI) (tick relevant box)**
* Head PEI 🞎 yes 🞎 no
* Eye and face PEI 🞎 yes 🞎 no
* Foot and leg PEI 🞎 yes 🞎 no
* Hearing PEI 🞎 yes 🞎 no
* Respiratory PEI 🞎 yes 🞎 no
* Hands and arms PEI 🞎 yes 🞎 no
* Skin PEI 🞎 yes 🞎 no
* Full body PEI 🞎 yes 🞎 no
* Other(specify)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **Use of display screen equipment for more than 20 hours/week (tick the relevant box)**

**🞎** yes 🞎 no (se sì, please complete the form videoterminalisti\_allegato\_maggiore\_20ore\_settimanali\_SS2\_SICUREZZA\_296)

1. **Manual handling of loads (MMC)**

🞎 yes 🞎 no if yes up to kg \_\_\_\_\_

1. **Are lifting devices used?**

🞎 yes 🞎 no

1. **Operating modes**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Exposure to physical agents (tick the box of interest)**
2. Noise 🞎 yes 🞎 no
3. Ultrasound 🞎 yes 🞎 no
4. Infrasound 🞎 yes 🞎 no
5. Vibrations 🞎 yes 🞎 no
6. Radio frequencies 🞎 yes 🞎 no
7. Laser 🞎 yes 🞎 no If yes indicate class \_\_\_
8. Ultraviolet 🞎 yes 🞎 no
9. Infrared 🞎 yes 🞎 no

**Exposure to biological agents**

1. **Workshop attended:**
2. **Description of the activity carried out:**
3. **Responsible for laboratory activity:**
4. **Table of biological agents used (by the laboratory manager)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Biological agent-liquid/animal/cell cultures/OMGs/bio-waste** | **Class** | **Manipolation** | **Exposition** |
| **Frequency** | **Duration** | **Direct** | **Indirect** |
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1. **Activities actually carried out by the user**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A1 | A2 | A3 | A4 | A5 | A6 | A7 | A8 | A9 |
| **C** |  |  |  |  |  |  |  |  |  |
| **CA** |  |  |  |  |  |  |  |  |  |
| **PO** |  |  |  |  |  |  |  |  |  |
| **T** |  |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |
| **P** |  |  |  |  |  |  |  |  |  |

**Chemical risk**

1. **Workshop attended:**
2. **Description of the activity carried out and operational methods:**
3. **Responsible for laboratory activities:**
4. **Table of carcinogenic/mutagenic or suspected carcinogenic chemical substances (H-phrases H350 and/or H350i and/or H351 and/or H340 and/or H341; R-phrases R45 and/or R46 and/or R40 and/or R49) the attached carcinogen sheet must also be completed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agent** | **Physical State** | **Labelling** **(es.: T, Xn, ecc.)** | **N° CAS** | **H-phrases (R)** | **Manipolation** |
| **quantity used (single application)** | **Frequency****(as per lab sheet)** | **Durata****(as per lab sheet)** |
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1. **Chemical risk assessment table (for those who have completed the chemical risk assessment form for their activity, by the laboratory manager) if necessary add more lines**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A1** | **A2** | **A3** | **A4** | **A5** | **A6** | **A7** | **A8** | **A9** | **A0** | **Modalità operative** |
|  |  |  |  |  |  |  |  |  |  | **C** |
|  |  |  |  |  |  |  |  |  |  | **D** |
|  |  |  |  |  |  |  |  |  |  | **F** |

1. **Operational modes, notes:**

**Attachments:**

* + Declaration of training (formazione\_avvenuta\_dichiarazione\_DFA\_SICUREZZA\_291)
	+ N. \_\_\_\_ carcinogens module (cancerogeni\_scheda\_SICUREZZA\_295)
	+ Videoterminal module (videoterminalisti\_allegato\_maggiore\_20ore\_settimanali\_SS2\_SICUREZZA\_296)
	+ Notification of commencement of activity (inizio\_attività\_comunicazione\_M-I\_SICUREZZA\_287)
	+ Job Destination Form (destinazione\_lavorativa\_scheda\_MDL\_SICUREZZA\_286)
	+ Preventive medical examination required (visita\_medica\_preventiva\_richiesta\_M-P\_SICUREZZA\_290)
	+ Other \_\_\_\_\_\_

Workers' signatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Person Responsible for Teaching and Research Activities in the Laboratory

(art. 5 D.M.363/98)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Facility Manager or Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attention!

* The document must be signed by the employee, the Manager and the Department/Facility Director.
* The documentation, duly completed, signed and complete with the necessary annexes, must be forwarded to the secretariat of the relevant Department.
* For any doubts about filling in the form, please contact the following numbers: 0332 219051 – 9317 or 031 2389346