



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)



7. Detailed description of the work performed:

8. Research topic and relevant holder:

9. 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

10. Identification of the laboratory/office predominantly attended

- At the University:
- At other institutions:

11. 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) _____

12. 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) _____



13. 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)

14. Manual handling of loads (MMC)

yes no if yes up to kg _____

15. Are lifting devices used?

yes no

16. Operating modes

17. Exposure to physical agents (tick the box of interest)

7. Noise yes no

8. Ultrasound yes no

9. Infrasound yes no

10. Vibrations yes no

11. Radio frequencies yes no

12. Laser yes no

13. Ultraviolet yes no

14. Infrared yes no

If yes indicate class ____

Exposure to biological agents

18. Workshop attended:

19. Description of the activity carried out:

20. Responsible for laboratory activity:



21. Table of biological agents used (by the laboratory manager)

Biological agent-liquid/animal/cell cultures/OMGs/bio-waste	Class	Manipulation		Exposition	
		Frequency	Duration	Direct	Indirect

22. Activities actually carried out by the user

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

Chemical risk

23. Workshop attended:

24. Description of the activity carried out and operational methods:

25. Responsible for laboratory activities:



26. 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)	Manipulation		
					quantity used (single applica- tion)	Frequency (as per lab sheet)	Durata (as per lab sheet)

27. 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

28. 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