**FORM N-C**

**NOTIFICATION OF TERMINATION OF**

 **THE ACTIVITY OF PERSONNEL EXPOSED TO OCCUPATIONAL RISKS**

To the Security and Sustainability Office

Via Ravasi, 2 – 21100 Varese

e p.c. To the University Competent Doctor

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby certify that the personnel listed below, who were previously included in the lists of personnel exposed to work-related risks, (having completed SS-1 and/or SS-2 forms and/or classification in category A/B radiation protection, carcinogenic forms, etc.), will cease work at the Laboratory of .…………………………………………………..

of the Department of …………………………………….………………………………

##### Name and Surname Qualification (1) Risk Date of cessation

 **classification** (2) **of activity** (3)

Signature of the person in charge

(please stamp with details of the person responsible)

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| Notes:1. State the qualification of the personnel: lecturer, non-teacher, student, research grant holder, specialist, trainee, graduate

student, doctoral student, guest speaker (specifying the institution/company to which they belong).(2) Indicate the classification of personnel: worker exposed to chemical, biological, physical risks, etc.(3) Indicate the date of effective termination of the activity involving exposure to risk, specifying whether, at the same time,  the employment relationship will be terminated. |