



**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 classification (2)	Date of cessation of activity (3)
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Signature of the person in charge
(please stamp with details of the person responsible)

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.