Trieste, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: SISSA Risk Prevention and Protection Services

**Subject: Release and acknowledgement of risks regarding procedures and activities in the laboratories for periods of less than 50 working days, exposed to irrelevant chemical or biological risk.**

I, the undersigned, Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized to attend *SISSA* as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of time of less than 50 days, from \_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_, and supervised by Professor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I will VISIT the laboratories, fully aware of the risks which are connected to the activities and the presence in the laboratories.

Furthermore I agree to observe the safety procedures that apply to the Emergency Plan, and that are used in SISSA’s laboratories. During my activities in the laboratories I will be supervised by Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_, who will have the role of overseeing my work and insuring the correct observance of the safety procedures.

***EMERGENCY PLAN EXTRACT***

*Every person, in the occurrence of an event judged abnormal or dangerous or in the presence of an alarm signal must conform to the following main* **behavioral norms in emergency cases** *to keep in mind:* **keep calm and don’t panic!**

*In case of* **Evacuation Alarm** *(alarm signal with CONTINUOUS sound)*

1. Secure your machine and / or equipment (e.g. shut down the computer, the photocopying, etc.).
2. Do not use the telephone service for personal calls.
3. Dress up, fetch your personal effects, shut the room’s doors and windows, leave calmly the workplace and wait for further instructions (e.g.. for the alarm to stop and/or for evacuation).
4. In case of evacuation, reach for the emergency exit (see emergency plans), with absolute calm, in line and without running, following the signs posted up to the walls, or the directions of safety staff.
5. Do not use elevators.
6. After reaching the evacuation point according to the assigned emergency plan, hold your position. The safety staff will check that nobody strays, and then move from the meeting point to a nearby zone, in order not to interfere with rescue operations, until the emergency is solved.

***EMERGENCY TELEPHONE NUMBERS***

|  |  |
| --- | --- |
| **Members of the FIRST AID UNIT (from 09 to 17 from Monday to Thursday, from 09 to 15 on Friday)** | 040 3787 **911** |
| **Members of the EMERGENCY MANAGEMENT TEAM (from 09 to 17 from Monday to Thursday, from 09 to 15 on Friday)** | 040 3787 **555** |
| **CONTROLL ROOM (24H24H)** | 040 3787 **681** |
| **Reception (from 08 to 20 from Monday to Saturday)** | 040 3787 **111** |
| **Numero Unico Emergenza (NUE)** | **112** |

***MEMBERS OF THE HEALTH AND SAFETY SERVICE* (safety@sissa.it)**

|  |  |
| --- | --- |
| BIGIARINI TULLIO | 040 3787 **739** |
| BENEDETTI PAOLO | 040 3787 **781** |
| TURINA STEFANO | 040 3787 **254** |
| COLOMBO AMANDA | 040 3787 **469** |
| RIGHI MASSIMO | 040 3787 **730** |

***SISSA COMPETENT PHYSICIAN***

|  |  |
| --- | --- |
| **SISSA COMPETENT PHYSICIAN** | 040 399 2518  347 4287695 |
| **SISSA INFIRMARY only Wednesday** | 040 3787 **495** |

Yours sincerely, the declarant (student/guest)

Sign legibly

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

Lab Officer/Manager/Professor

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