



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

DEPARTMENT  
OF AGRICULTURAL  
AND FOOD SCIENCES

**CONFIRMATION OF RECEIPT OF INFORMATION ON SAFETY FOR VISITORS TEMPORARILY ADMITTED TO  
VISIT/ATTEND LABORATORIES/WORKPLACES**

The undersigned (*Name and Surname*).....

Working at (Department, enterprise) .....

Date of birth .....

Tax code.....

e-mail.....telephone number .....

previously authorized by the Local Safety Officers of Distal to visit / attend the laboratories /  
workplaces indicated below: .....

On day/s: .....

**DECLARES**

- to refer any emergency situations to the personnel of the Laboratory / Work Area who will activate the appropriate emergency procedures;
- to have taken note of the signal and the alarm criteria in case of emergency;
- to have been informed / trained on the risks present in the workplace (chemical / biological / special equipment, etc.);
- to have received the PPE to be used

**and UNDERTAKES**

- to observe the instructions given by the supervisor, or his delegate, avoiding actions and initiatives not expressly authorized;
- to behave in such a way as to take care of one's own safety and that of others;
- to immediately inform the supervisor (or his / her delegate) of any anomaly;
- to follow, in case of emergency, the instructions given by the staff and to go to the collection point.

BOLOGNA, .....

VISITOR

Signature .....