



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

DEPARTMENT
OF AGRICULTURAL
AND FOOD SCIENCES

Dati del frequentatore / Visitor information

Laboratorio/Ufficio

Docente Tutor prof.

Nome / Name

Cognome / Surname

Codice Fiscale

Data di nascita / Date of birth

Luogo di nascita / place of birth

Residenza/permanent address

e-mail

Telefono / Phone

Periodo di frequenza / Frequency period

Date

UFFICIO SICUREZZA SUL LAVORO

Viale Fanin 44 | 40127 Bologna | Italia | Tel. + 39 051 2096274 | distal.als@unibo.it



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Attachment 02/009 - CONFIRMATION OF RECEIPT OF INFORMATION, EDUCATION AND TRAINING

I, the undersigned, CONFIRM that I have received the following information, education and practical training in the field of work safety:

Activity ¹	Name and Surname of the person that carried out the activity	Carried out via ²	Carried out on ³
General information (Manuals, guidelines, emergency plan etc.)	SO ⁴	For acknowledgment: https://distal.unibo.it/it/dipartimento/sedi-e-spazi/salute-e-sicurezza	
Mandatory safety training. Module 1	TRAINER	E-learning course (4 hours) (Enclose certificate of attendance)	
Mandatory safety training. Module 2	TRAINER	E-learning course (4 hours) (Enclose certificate of attendance)	

(The blanks below are to be filled out only if laboratory activities are carried out)

Mandatory safety training. Module 3 ⁵	TRAINER	Classroom course (4 hours) (Enclose certificate of attendance)	
Training on the work procedures to be followed when carrying out activities exposed to chemical/biological risks	HTLR ⁶	Delivery of procedures Training Periodic checks	
PPE ⁷	HTLR	Delivery of procedures User manuals Check	

NB: all updates made necessary by changes in working activities (e.g. new products, different methodologies) must be recorded.

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¹ See document [P09/SPP](#) describing the procedure for definitions of the activities listed

² State how the activity was carried out (e.g. supply of manuals, internal booklets, procedures, communications, periodic checks, verbal explanations etc.)

³ Indicate the date on which the activity was carried out

⁴ SO: Safety Officer

⁵ If the worker has not completed this training, his RDRL will take charge of informing him/her about the risks associated with his/her laboratory activity

⁶ HTLR: Head of Teaching and Laboratory Research; AS: Administrative Secretary

⁷ Inform workers on the type of PPE to be worn on the basis of standard operating procedures. It is also necessary to train the worker on the correct use of PPE. Please note that in some cases training is mandatory: in addition to the delivery of user manuals, it is therefore necessary to show how to use PPE and check the correctness of the actions carried out. This activity will need to be recorded

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(to be filled out only if laboratory activities are carried out)

RECEIPT FORM PERSONAL PROTECTIVE EQUIPMENT (PPE)

The undersigned, _____, as the Head of Teaching and Laboratory Research (RDRL), after evaluation of the risks and discussion with the Head of the Prevention and Protection Office, has informed the worker about the need to use the following Personal Protective Equipment when working in the _____ laboratory:

- protective gloves (type and model: _____ latex and nitrile compliant with standard EN 374-3);
- face mask (type and model: _____);
- half-mask with gas filters (type and model: _____);
- filtering facepiece respirator (type and model: _____);
- safety glasses (type and model: _____ compliant with Directive 89/686/EC);
- safety shoes/boots (type and model: _____);
- noise-cancelling headphones/ear plugs (type and model: _____);
- overalls (type and model: _____);
- helmet (type and model: _____);
- other: face masks for handling toxic powders;
- other: aprons for protection against acid, oil, petrol etc.
- other:

The undersigned will provide the above PPE or specify where it can always be found in the laboratory.

The undersigned has informed the worker about the need to wear the above PPE and about the risks protected against, and has provided training in its proper use, storage and disposal.

Training is essential for category III (complex) PPE - protection against the risks of death or serious injury that the user would not be able to identify in time - and for ear defenders.

Refere to article 20 Legislation 81/08.

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(to be filled out by female workers, only if laboratory activities are carried out)

CONFIRMATION OF PREGNANCY

(DSG - att. 03 PG 005-PA)

THE UNDERSIGNED¹ CONFIRMS

- knowledge of the duty and obligation, placed on female workers, to “notify the Head of their Affiliation about their **PREGNANCY** as soon as it is confirmed”,

and AGREES

- to notify² the Head of her Structure about her **PREGNANCY as soon as it is confirmed**,
- to modify her working conditions temporarily, in agreement with the Head of her Structure and the Head of teaching and research (RDRL), in accordance with the opinion on her suitability for her specific duties expressed by the Competent Doctor,
- to comply with the measures adopted by the Head of teaching and research (RDRL), so that all exposure to agents and working conditions that are hazardous to female workers is avoided under all circumstances,
- to return to normal work on the date to be agreed with the Head of teaching and research (RDRL), pursuant to Decree 151/2001.

¹ teacher, researcher, technician, PhD student, scholarship holder, attending graduate, contract worker, educational tutor, employee of external body etc.

² Attach certificate from the Gynaecologist who, after examining the female worker, must indicate:

- a. existence of pregnancy
- b. week period missed
- c. estimated due date



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The Worker declares that he has read and certifies the truthfulness of what is declared in the following documents (flag the filled documents)

- Personal data
- Attachment 02/009 - CONFIRMATION OF RECEIPT OF INFORMATION, EDUCATION AND TRAINING
- RECEIPT FORM PERSONAL PROTECTIVE EQUIPMENT (PPE)
- CONFIRMATION OF PREGNANCY

In compliance with D.Lgs. 2018/101 and GDPR (Regolamento UE 2016/679), he/she hereby consents to use and process personal details.

Date

Signature of worker

.....

.....

The Head of Teaching and Laboratory Research (HTLR) or the Department Administrative Manager (DAM) declares to have read and certifies the truthfulness of what is stated in the following documents (flag the filled documents):

- Attachment 02/009 - CONFIRMATION OF RECEIPT OF INFORMATION, EDUCATION AND TRAINING
- RECEIPT FORM PERSONAL PROTECTIVE EQUIPMENT (PPE)

Date

Signature HTLR/DAM

.....

.....

(digitally signed)

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