FACSIMILE of the REQUEST FOR PERMISSION
To be written on headed notepaper of the University or Organization

To the Director of the INFN - Legnaro National Laboratories
viale dell'Università, 2 - I-35020 Legnaro (PD) Italy

Please allow permission for (1)  to attend the Legnaro
National Laboratories for the period from  to  to work with
Division/Group-experiment:  as (2)

In accordance with the provisions of current legislation on health and safety at work (Legislative
Decree 81/08 and subsequent amendments and additions), it is hereby declared that the worker
is fit to carry out the activity for which access to the LNL is requested and that he/she has
received the necessary information and training, and is equipped with all the Personal Protective
Equipment (PPE) required for the activity he/she is going to carry out.

Authorized to carry out, at the National Laboratories of Legnaro, activities with risk from ionizing
radiation:

[NO] [YES]

If the answer is YES, please attach what is requested in the document "Regulations for the
authorization of access to LNL for the year 2021".

He/she is insured against work accident risks during the period of his/her stay at the LNL.

For further information, please contact:  phone no.
e-mail:  
address:

STAMP AND SIGNATURE OF THE DIRECTOR

(1) Name and Surname
(2) Employee other organization | Postgraduate/research student | University employee | Undergraduate | Other (please specify)