

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 - 35020 Legnaro (PD) Italy**

Please allow permission for (1) _____ to attend the Legnaro
National Laboratories for the period _____ to _____ to work with
from 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 2026".

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

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

STAMPANO SIGNATURE OF THE DIRECTOR

(1) Name and Surname

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