To the Director of the INFN - Legnaro National Laboratories
viale dell’Università, 2 - 1-35020 Legnaro (PD) Italy

Please allow permission far (1) to attend the Legnaro National Laboratories far the period from (2) to (3) to work with Division/Group-experiment: (4)

In accordance with the previsions 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 2023".

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

Far further information, please contact:

phone no.
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)