

## **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 - 1-35020 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 2024".

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)