

AUTHORIZATION released by the Applicant's Employer
(to be filled by the Institute, University)

Please authorize Mr/Ms
to have access at DAFNE-L Laboratory, placed in INFN – Laboratori Nazionali di Frascati, for the period settled by the Laboratory's Person in charge.

Institute

Permanent Employee - As

Temporary Employee - As

Kind of Contract Expiring Date

Other - As

From To

According to the laws in force in Italy concerning health and safety in the workplace (D. Lgs. 230/95 Health Physics Service - D.L. 81/08 and subsequent modifications and/or integrations).

I hereby declare that

- the employee is fit for carrying on the activity about which he/she has received, from our Institute / University, the indispensable formation, information and education.
- the employee is not authorized to carry on any kind of activity involving risks of ionizing radiations at DAFNE-L Laboratory placed in INFN – Laboratori Nazionali di Frascati

- for **Italian Institute employees**, fill in the following:

- the employee is **covered by** INAIL insurance valid also during the activity and the period at LNF;
- the employee is **not covered by** INAIL insurance.

- applicants from **foreign institutions/organizations/companies** must have a workplace insurance coverage valid in Italy (Non-EU citizens must have also a Health Insurance coverage).

The employee is covered by the following insurance(s) (please specify).....

For any further enquiries or information please contact (*Person in charge or his/her Deputy*)

..... Tel.

Date

Stamp and Signature
(Person in charge or his/her Deputy)

To be filled by the Applicant

Surname and Name

Date and Place of Birth

Address

In case of need, please, contact (*familiar or relative*)

Tel.

I hereby declare

- to accept the declaration released by my Home Institute
- to have taken note of the form of assignment of LNF (ann. 2) and to accept to carry on any activity in LNF which will involve exclusively the risks pointed out in the form
- to accept the inner safety rules concerning the experimental activities carried on at DAFNE-L Laboratory (ann. 1)
- to have read and accepted the [INFN information notice on processing of personal data](#)

Date Signature

To be filled by DAFNE-L Laboratory's Person in Charge

Confirming what has been declared above by the concerned parties

I demand for

- authorization of hospitality from till
in order to carry on activity of installation/run of the experimental apparatus
- h 12 access for installation and operation of experimental apparatus

Date Signature

To be filled by the LNF GUESTS OFFICE

The allowance is dated from till

Date Signature

The Director of the LNF declares that the employee is allowed to carry on experimental activity at DAFNE-L Laboratory.