

FORM for REQUEST FOR PERMISSION ("CLEARANCE")
to be written on official letterhead of the Institute/University in block letters
(note: this form cannot be modified)

To the Director of
Laboratori Nazionali del Gran Sasso dell'INFN
Via G. Acitelli, 22
67100, Assergi (L'Aquila)

useroffice@lngs.infn.it

Please allow permission for..... to stay at LNGS
for the period from to care of:

- Experiment/Service

According to the in force Italian law on occupational health and safety, we declare that the worker is suitable of carrying out the activity, for which the access to the LNGS is requested, and that he has received the necessary information and training.

- She/He deals with ionizing radiation sources at LNGS YES NO

(if the answer is "YES", the applicant must contact immediately the Prevention and Protection Service of LNGS for the proper authorization: e-mail: sorgenti@lngs.infn.it, <http://spp.lngs.infn.it/document.php?page=0>. In the meantime, therefore, the applicant is not authorized to carry out any activity which implies radiation risk at LNGS)

It is underlined that the applicant, as¹

- Is insured for accident/injuries risk YES NO
- Is insured for radiation risk YES NO

In case of need and for further information please contact
.....
tel. e-mail

Place and Date:

*Stamp and Signature of the Employer
(Director/Chair/Legal representative)
Note that full name and position of the signing
person has to be clearly reported*

¹ Employee of other organization; Employee of a University; Undergraduate; Postgraduate/research student; Other, please specify.