

Employment data sheet

D.Lgs 81/2008, art. 41, comma 5 – All. 3A – sect. 1

Laboratory activities

Personal Data sheet

First name	
Last name	
Nationality and citizenship	
Fiscal code	
Gender	
Title	
Date of birth	
Email	
Phone number	
Local address	
Start date	
End date	
Qualification	
Perugia University Department	

Describe your activity:

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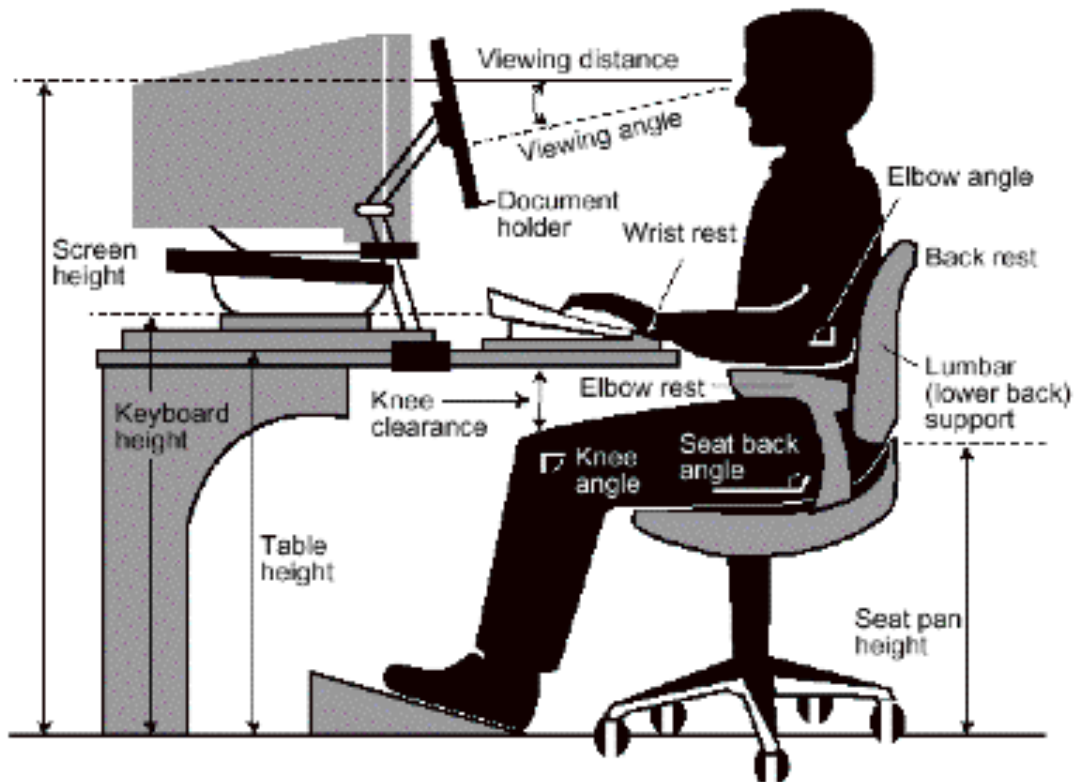
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Do you use vdt? yes no

If the answer is "yes", indicate if the VDT workstation complies with the devices of Annex XXXIV of Legislative Decree 81/08



Screen	yes <input type="checkbox"/> no <input type="checkbox"/>	If no, explain why not:
Chair	yes <input type="checkbox"/> no <input type="checkbox"/>	If no, explain why not:
Keyboard	yes <input type="checkbox"/> no <input type="checkbox"/>	If no, explain why not:
Table	yes <input type="checkbox"/> no <input type="checkbox"/>	If no, explain why not:

How long do you work on your computer every day?

- between 60 and 240 minutes per day
- more than 240 minutes per day

How many days a week?

Are you over 50 years old? yes no

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MANUAL HANDLING OF LOADS

Fill in the form if heavy loads over 3 kg are usually handled

Weight of loads _____

• horizontal location	In centimeters _____
• vertical location	In centimeters _____
• travel distance	In meters _____
• asymmetry angle	
• lifting frequency	In a day _____
• hand-to-object coupling	Good <input type="checkbox"/> Bad <input type="checkbox"/>

Is the load difficult to grasp and/or hold because of its

• instability?	
• volume (bulky)?	
• shape?	
• surface material?	

Is the load harmful because of its

• sharp edges?	
• high or low temperature?	
• dangerous substance?	

NOISE

Indicate the equipment that produces noise and the relative exposure times. Also specify if and which equipment produces infrasounds and / or ultrasounds

VIBRATIONS

Indicate the equipment that produces vibrations and the relative exposure times

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ARTIFICIAL OPTICAL RADIATION

The optical radiation is defined as any electromagnetic radiation in the wavelength range between 100 nm and 1 mm. The spectrum of optical radiation is divided into ultraviolet radiation, visible radiation and infrared radiation. For the purposes of protection, optical radiations are further subdivided in:

- Ultraviolet radiation: optical radiation of wavelength range between 100 nm and 400 nm. The ultraviolet region is divided into UVA (315-400 nm), UVB (280-315 nm) and UVC (100-280 nm);
- Visible radiation: optical radiation of wavelength range between 380 nm and 780 nm;
- Infrared radiation: optical radiation of wavelength range between 780 nm and 1 mm. The infrared region is divided into IRA (780-1400 nm), IRB (1400-3000 nm) and IRC (3000 nm-1 mm).

Ultraviolet radiation generated by (*indicate the device*) _____ for a time of _____ minutes

Using the following Individual Protection Devices: _____

Visible radiation generated by (*indicate the device*) _____ for a time of _____ minutes

Using the following Individual Protection Devices: _____

Infrared radiation generated by (*indicate the device*) _____ for a time of _____ minutes

Using the following Individual Protection Devices: _____

L.A.S.E.R. generated by (*specify the class*) _____ for a time of _____ minutes

Using the following Individual Protection Devices: _____

Does work involve the deliberate use of **CHEMICAL AGENTS**?

YES NO

If the answer is YES fill in the attached table

Name of the chemical agent	chemical agent concentration used	Method of employment	Exposure times and frequency referred to the unit of time)	Amount used for each use

The laboratory is equipped with:

localized fume extraction

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- Chemical Fume Hoods
 a centralized extraction system

Does work involve the deliberate use of Biological agents?

- YES NO

If the answer is YES fill in the table below

Indicate the Classification of Biological Agents that you are going to use	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/>
Under the Safety, Health and Welfare at Work (Biological Agents) Regulations, there is a legal requirement to notify the Health and Safety Authority if working with certain groups of biological agents. Do you know if the use of Biological agents in your laboratory has already been notified?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use genetically modified microorganisms GMOs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Indicate potential allergic and / or toxic effects caused by the biological agent that you use	
Describe if there is a synergism between the different groups of biological agents that you use	
Describe methods and working procedures adopted, preventive and protective measures adopted	
Have suitable procedures been developed for taking, handling and treating samples of human and animal origin?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the necessary means for collecting, storing and disposing of waste in safe conditions, using suitable and identifiable containers, possibly after appropriate treatment of the waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do the toilets have showers with hot and cold water and eye washes?	<input type="checkbox"/> YES <input type="checkbox"/> NO (indicate what is not there)
Is it possible to store protective clothing separately from civilian clothing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the inspection, cleaning / disinfection, maintenance / repair or replacement of PPE performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are signs posted banning the use of food, beverages, smoking, storage of food for human consumption, use of mouth pipettes and application of cosmetics?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The laboratory is equipped with a biological safety cabinet?

- YES NO

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Does work involve potential exposure to biological agents?

YES NO

Are you under a valid tetanus vaccination?

YES NO

Does work involve the use of equipment that causes exposure to NON-IONIZING RADIATION? - (static and extremely low frequency electric and magnetic fields, radiofrequency electromagnetic fields and microwaves, infrared, visible and ultraviolet radiation)

YES NO

If the answer is YES fill in the table below

<i>Equipment</i>	<i>room</i>	<i>annotation</i>

Does work involve the use of equipment that causes exposure to IONIZING RADIATION or the use of RADIOACTIVE ISOTOPES? YES NO

If the answer is YES fill in the table below

<i>Equipment/radioactive isotope</i>	<i>room</i>	<i>annotation</i>

Working at heights (*means working in a place where a person could be injured by falling from it, even if it is at or below ground level*): describe _____

OTHER RISKY ASSETS: e.g. microclimate / macroclimate, protracted fixed posture, incongruous posture, repetitive movements of upper limbs, dust

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In relation to the activity carried out the following **PPE** were delivered:

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Glasses:

- General safety glasses
- Laser safety glasses
- UV safety glasses
- RX safety glasses
- Chemical splash goggles
- Face shields

Safety masks:

- Surgical masks
- FFP1 dust mask
- Disposable Respirators offering protection against oil-based and non-oil-based particulate aerosols
- FFP2 dust mask
- FFP3 dust mask
- Half masks respirators

Gloves

- Light latex, vinyl or nitrile gloves (Disposable latex/vinyl/nitrile)
- Light chemical resistant gloves (Natural rubber latex)
- Light to heavy chemical resistant gloves (Nitrile)
- Cotton gloves (undergloves)
- Insulated gloves (heat resistant/ against ultra-cold temperatures)
- Wire mesh gloves (cut resistant)
- Cryogenic Personal Protective Equipment (apron for handling liquid nitrogen/face shield/ insulated gloves)
- Disposable shoe covers
- Safety shoes
- Hearing protection devices (earplugs / earmuffs / helmets):

Have been defined the procedures for using PPE?

Yes When:..... no

Have the PPE delivery cards been signed with information for their correct use?

Yes When:..... no

Date.....

Worker signature.....

Employer/Director signature.....