

PERSONAL PROTECTIVE EQUIPMENTS AND WORK PROCEDURES

DIN Access Procedure Form 3

The following record (name, surname, bachereinafter referred t	dge nr. or Fiscal Co	de)		,	
Responsible for the a	activity:				
Date:					
PERSONAL PROTECTI	VE EQUIPMENTS (PP	Es): CHOICE, DELIV	ERY, INFORMATION A	ND TRAINING	
☐ APPLICABLE	☐ NOT APPLICABL	E			
	ngineering Department of these activitie	nent, s,		sity of Bologna,	
the Worker received	on <i>(date)</i>	following Pe	rsonal Protective Eq	uipments (PPEs):	
PPE category:	☐ 1 st category	☐ 2 nd category	\square 3 rd category		
□ protection gloves PPE category:	: (type and model) \Box 1 st category	☐ 2 nd category	☐ 3 rd category		
□ respiratory protect PPE category:					
• •				of items:	
PPE category:	☐ 3 rd category	e LINK – Hot-re	usable, number	or items	
hearing protectors PPE category:	s: earplugs / banded □ 1 st category	d earplugs <i>(type an</i> □ 2 nd category			
hearing protectors PPE category:	s: ear muffs <i>(type aı</i> □ 1 st category	nd model) □ 2 nd category	☐ 3 rd category		
☐ face shield: (type PPE category:	and model) \square 1 st category				
PPE category:	☐ 1 st category	☐ 2 nd category	\square 3 rd category		
PPE category:	\square 1 st category	\square 2 nd category	☐ 3 rd category		
□ helmet: (type and PPE category:	\square 1 st category	\square 2 nd category	\square 3 rd category		
PPE category:	☐ 1 st category	☐ 2 nd category	\square 3 rd category		
	☐ 1 st category	\square 2 nd category	☐ 3 rd category		
□ other: (type and response) PPE category:	nodel) □ 1 st category	☐ 2 nd category	☐ 3 rd category		
protect him/her. The Worker has bee and about the availa	n also informed abo bility and location of	out and trained on the disposable PPEs.	ne correct use, pres	d the risks from which these PPEs ervation and disposal of these PPEs	
In the case of 3 rd category PPEs or hearing protectors, training is mandatory.					
(name and fu	-		ible for the activity o	·	



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LABORATORY GENERA	AL PROCEDURES: INFORMATION AND TRAINING
	□ NOT APPLICABLE
□ the correct handlin□ the waste manage	n informed about and trained on <i>(list and mark the required procedures)</i> : ng, storage and disposal of chemical products; ement procedure;
Responsible fo	or this task (Responsible for the activity or others):
(name and fu	nction):
signature	······································
ACTIVITY SPECIFIC PR	ROCEDURES: INFORMATION AND TRAINING
☐ APPLICABLE	□ NOT APPLICABLE
he/she must carry ou	n informed about and trained on the following specific procedure with reference to the activities it (list and mark the required procedures): de/name)
Responsible fo	or the activity:
(name and fu	nction):
sianature	,
org. rollor o	
ACKNOWLEDGEMENT I	DECLARATION OF THE WORKER
According to the profollowing information.	visions of the article 20 of the Legislative Decree 81/08, the Worker has been provided with .
<i>Employer</i>] by the may be present in2. Every worker mus	accordance with the received training and the instructions and means provided [by the Department, must take care of his/her own safety and health and that of other people who the workplace and who may be affected by his/her actions and omissions. It in particular:
Director of the I the aim to prote	e provisions and follow the instructions given [by the Employer and other managers] by the Department, by the Responsible for the activity or by the on-site safety reference person, with ct every worker in the workplace (personal and collective protection); ork equipments, dangerous substances and products, ["vehicles": not pertinent], and safety
d) properly use the e) report immediat to the Responsi of means of pro conditions to his	e necessary personal protective equipments; rely [to the Employer and other managers and responsibles] to the Director of the Department, ble for the activity, to the on-site safety reference person and to the activity supervisor any lack otection or of protective equipments, with reference to points c) and d), and all hazardous s/her knowledge []; nodify safety, signal or control equipments;
By signing this form,	the Worker, as identified above, declares that he/she:
 □ understood the re □ received the PPE and the need to use □ has been informed disposal of the PF 	ported provisions related to the art. 20 of the Legislative Decree 81/08 "Worker Obligations"; s, as listed above, has been informed about the risks from which these PPEs protect him/her
specific procedure	⊋S").

The Worker: (signature)