*After compiling, send this document to the following e-mail address:* [din.accessi@unibo.it](mailto:din.accessi@unibo.it) **.**

**Keep in carbon-copy the supervisor of the activity and the Dean of the Industrial Engineering Department, prof. Alfredo Liverani (**[**alfredo.liverani@unibo.it**](mailto:alfredo.liverani@unibo.it)**).**

*To the Dean of the Industrial Engineering Department*

I, the undersigned prof./eng. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , member of the *(department or other structure of the University of Bologna)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

**ASK THAT**

*(Name and Surname)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

fiscal code nr. (italian tax identification nr.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

with residence address / living place address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

UniBO e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , phone nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

be authorized to enter Industrial Engineering Department Laboratories/Areas for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from *(date)* \_\_\_\_\_\_\_\_\_\_\_\_ to *(date)*  \_\_\_\_\_\_\_\_\_\_\_\_

Start of the contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of the contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the specified period the insurance coverage is required: YES □ NO □

University of Bologna credentials are required: YES □ NO □

For this collaborator it is also asked that his/her badge be enabled in the specified period (\*) for the following DIN access points:

*(\*) temporary access enabling can't exceed 12 months.*

**DIN Areas –** Viale Risorgimento 2, 40136 Bologna

☐ Ground Floor and 1st Floor – Machines Area (Str20034.24)

☐ 1st Floor – Technical Physics Area (Str20034.23)

☐ 2nd Floor – Technical Physics Area (Str20034.28)

☐ 2nd Floor – Industrial Plants Area (Str20034.20)

☐ 2nd Floor – Applied Mechanics Area (Str20034.21)

☐ 3rd Floor – Technical Design, Desing and Machine

Construction, Technology Area (Str20034.19)

☐ 3rd Floor – DIN Administration Office (Str20034.26)

**Mechanics Laboratory –** via Terracini 24, 40131 Bologna

☐ Ground Floor – Main Entrance (Str20000.01)

☐ Ground Floor – Secondary Entrance (Str20000.04)

☐ Ground Floor – Laboratory Workshop (Str20000.02)

☐ 1st Floor – Offices and Laboratories (Str20000.03)

☐ Main Entrance – Alarm code (Str20000.25)

☐ Secondary Entrance – Alarm code (Str20000.05)

**Metallurgy Laboratory –** via Risorgimento 4, 40136 Bologna

☐ Main Entrance and Offices (Str01634.01)

☐ Laboratory in the Basement (Str01634.02)

☐ Workshop Exit (Str01634.03)

**Technical Physics Laboratory –** via Terracini 34, 40131 Bologna

☐ Ground Floor – Main Entrance (Str20000.06)

☐ Acoustics Labs Entrance (Str20000.09)

☐ Basement Entrance (Str20000.11)

☐ Main Entrance – Alarm code (Str20000.07)

☐ Acoustics Lab – Alarm code (Str20000.10)

**Nuclear Engineering Laboratory, Montecuccolino –** via dei Colli 16, 40136 Bologna

☐ Driveway gate (Str01689.01)

☐ Pedestrian gate (Str01689.02)

☐ Main Entrance (Str01689.03)

**Mechanics and Aeronautics Laboratory (Lab. Hangar) –** via Seganti 103, 47121 Forlì

☐ Ground Floor – Main and Secondary Entrance (Str02335.01)

**Professors Offices and Virtual Reality Laboratory –** via Fontanelle 40, 47121 Forlì

☐ 1st Floor – Teaching building (Str01635.02)

☐ “Old” building (ex- ACAG building) – Main and Secondary entrance (Str01635.01)

**CICLoPE Laboratory –** via Giorgio Zoli, 47016 Predappio (FC)

☐ Tunnel entrance (Str02335.03)

I declare that:

* activities involving this collaborator will start only after being authorized (authorization date correspond to the date indicated in this document);
* the collaborator will access DIN areas and laboratories only if covered by requested insurance contract;
* and that I will fulfill all the requirements, as stated by the University of Bologna Regulation on Health and Safety in Workplaces (article nr. 5).

The person for which I ask the authorization to enter DIN Laboratories and/or Areas will attend / has already attended Training Courses on Health and Safety in Workplaces (Italian law on Workers Training, as stated by article nr. 37 of the Text Law nr. 81/08 and according to the specific Agreement between the State and the Local Administrations of the 21/12/2011). Certifications are available upon request.

Date \_\_\_\_\_\_\_\_\_ Responsible of the activity / Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Dean of the Industrial Engineering Department authorizes \* \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

*\* The Dean of the Department reply by mail to all the recipients in copy.*