**Annex 1**

**REQUEST TO ACCESS TO LABORATORIES**

To the Laboratory Manager

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Professor, Researcher, Research fellow, Scholarship holder, PhD student at the Department of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Staff of the following affiliated body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**requests to access**

for research activities, to the following Laboratory (or other structure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for which the responsible is Prof./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**and declares under his own responsibility**

*pursuant to current regional and state regulations regarding the Covid-19 epidemic,*

- to have viewed the training video (full version) of INAIL at the link:

 <https://www.inail.it/cs/internet/comunicazione/multimedia/video-gallery/videogallery-tutorial-conoscere-rischio.html>

- to participate voluntarily in research activities

- to undertake to have, on the day of the first access, a declaration relating to your health situation by delivering it, as soon as possible and in any case before the start of the work, in a sealed envelope, to the Secretary of the Director of the Department or to the Director of the Department

- to undertake to wear the mask (at least of the surgical type) for the period of stay, as well as to maintain the interpersonal safety distances foreseen by the current provisions

Signature …………………………………. Date……………………………………….