

The Individual question form, completed and correctly signed, must be sent exclusively to the address sdl@uniroma1.it to be sent to the Special Prevention/Protection Office, the Occupational Medicine Center, the Chemical Laboratory for Safety, to the Biologist Expert and the Radiation Protection Expert.

ANAGRAPHIC SUMMARY

Badge nr	<input type="text"/>	Surname	<input type="text"/>	Name	<input type="text"/>	<input type="radio"/> F	<input type="radio"/> M
Date of birth	<input type="text"/>	Birth Place	<input type="text"/>	Tax identification code	<input type="text"/>		
Domicile address	<input type="text"/>						
Email	<input type="text"/>	Mobile Nr	<input type="text"/>	Phone Nr	<input type="text"/>		
Faculty/Department/Office	<input type="text"/>	Building code	<input type="text"/>	Floor	<input type="text"/>	Room	<input type="text"/>
Job description	<input type="text"/>					Start date	<input type="text"/>
						End date	<input type="text"/>

RISK ASSESSMENT

Risks from mechanical instruments

- Does your work involve operating or being in close contact with cranes, hoists etc.? no sometimes most of the time
- Do you work on scaffolding, work towers or cherry picker platforms? no sometimes most of the time
- Do you carry out mechanical/hydraulic/masonry maintainance? no sometimes most of the time
- Do you work with sharp objects e.g. needles, glass, knives, scalpels screwdrivers or cutting or sawing machinery? no sometimes most of the time
- Do you work with wet or slippery surfaces? no sometimes most of the time
- Is there a danger from falling objects in your workplace? no sometimes most of the time
- Do you work in pressure chambers or in an environment subject to changes in pressure? no sometimes most of the time

Risks from extreme high or low temperatures

- Do you work in cold storage rooms or controlled temperature environments? no sometimes most of the time
- Do you work in close contact with heat sources such as oven driers or superheated enviroments? no sometimes most of the time
- Does your work put you at risk from burns? no sometimes most of the time

Risks from electric shock

- Do you use electrical equipment (excluding office equipment such as fax machines, printers, photocopiers, computers) or carry out maintainance on electrical plant? no sometimes most of the time

Chemical risk

- Do you use inflamable or explosive substances? no sometimes most of the time

HEALTH RISK (ENVIRONMENTAL HYGIENE) - Physical Risk

Climate and microclimate

- Are you exposed to extreme climatic conditions in your workplace for long periods? no sometimes most of the time

Noise and vibration

- Do you operate noisy machinery or equipment? no sometimes most of the time

If the answer is yes, please specify type

- Do you operate pneumatic hammers, drills, sanders, or other equipment that causes vibrations or oscillation? no sometimes most of the time

Ionizing radiation

Do you use radioactive sources and/or equipment that emits X-rays? yes no sometimes most of the time

If yes then please indicate type of source

Non-ionizing radiation

Do you work with computers? yes no **(if yes please fill out appendix 1)**

Do you work with apparatus which emits radiowaves or microwaves? yes no
If yes indicate which type of source and frequency

Do you work with apparatus which makes infra-red emissions? yes no
If yes indicate which type of source

Do you work with apparatus giving off intensive light, e.g. light tables or work in badly lit environments? yes no
If yes indicate which type of source

Do you work with apparatus which emits U.V. radiation? yes no
If yes indicate which type of source and frequency

Do you work with apparatus which emits ultrasound? yes no
If yes indicate which type of source and frequency

Do you work lasers? yes no
If yes indicate type and class

CHEMICAL RISK

Do you work with or carry out research using chemicals substances? yes no **(if yes please fill out appendix 2)**

BIOLOGICAL RISK

Do you work with or carry out research using biological agents such as viruses, parasites, fungi, bacteria or other micro organisms? yes no **(if yes please fill out appendix 3)**

TRANSVERSAL-ORGANIZATIONAL RISKS

- Are you exposed to long periods of stress at work? yes no
- Do procedures exist to confront incidents and emergency situations? yes no
- Does your work involve periods of high intensity or complexity? yes no
- Do you have to move loads of more than 30 Kgs? no sometimes most of the time
- Do the ergonomics of the equipment in the workplace make working difficult? yes no
- Do you work with laboratory animals? yes no

Date

(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)

*Dean of Faculty or school headmaster, Head of Dept, Institute Director, Director of central or associated libraries

APENDIX 1 - WORK WITH COMPUTER

Have you been subject to health and safety supervision at any time in the past? YES NO

How long have you been using a computer? How many hours a week you use computer?

What type of work do you presently do on the computer? CAD updating database typing consultation
 programming other

(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)

APENDIX 2 - RISKS FROM CHEMICAL AGENTS

Indicate type of nature of activity and type of laboratory

Type of activity

training laboratory

research laboratory

Type of laboratory

qualitative chemistry

preparative chemistry

quantitative chemistry

instrumental chemistry

analytical chemistry

physics

inorganic chemistry

mechanical physics

organic chemistry

engineering mechanics

physical chemistry

electromechanical engineering

biochemistry

other

Amount of time per day spent in laboratory: < 1 hour 1 to 3 hours 3 to 5 hours 6 to 8 hours

Are other people present when you carry out your work? yes no

Smoking habits: non smoker ex smoker smoker number cigarettes/day

FREQUENTLY USED ORGANIC AND INORGANIC SUBSTANCES OR COMPOUNDS

Substance	%	Nr. CAS ⁽¹⁾	Frequency of exposure
<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> daily <input type="checkbox"/> at least 2 days a week <input type="checkbox"/> monthly <input type="checkbox"/> annually
State			Duration of exposure⁽²⁾
<input style="width: 100%;" type="text"/>			<input type="checkbox"/> < 15 mins <input type="checkbox"/> 15 -30 mins <input type="checkbox"/> 30 -60 mins
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(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)

Indicate the type of apparatus you normally use in the laboratory

- | | | |
|--|---|---|
| <input type="checkbox"/> Agitator | <input type="checkbox"/> pH metre | <input type="checkbox"/> Ice making machine |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Hair dryer | <input type="checkbox"/> Desiccating oven |
| <input type="checkbox"/> Doubleboiler | <input type="checkbox"/> Hot plate | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Bunsen burner | <input type="checkbox"/> Vacuum pump | <input type="checkbox"/> Glass washer |
| <input type="checkbox"/> Scales | <input type="checkbox"/> Peristaltic pump | <input type="checkbox"/> Microscope |
| <input type="checkbox"/> Analytical balance | <input type="checkbox"/> Filtering systems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Laminar flow cabinet | <input type="checkbox"/> Ultrasonic apparatus | |
| <input type="checkbox"/> Chemical safety cabinet | <input type="checkbox"/> Spectrophotometre | |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Thermostat | |

Indicate personal protective equipment currently in use

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Latex monouse gloves | <input type="checkbox"/> Chemical protection goggles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chemical resistant gloves | <input type="checkbox"/> Tongs for picking up broken glass | |
| <input type="checkbox"/> Thermal insulation gloves | <input type="checkbox"/> Tongs for handling hot objects | |
| <input type="checkbox"/> Facemask with filter | <input type="checkbox"/> Automatic pipet | |
| <input type="checkbox"/> Activated carbon layer facemask | <input type="checkbox"/> Pipette | |

Indicate other possible risks other than from chemical substances

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> From biological agent | <input type="checkbox"/> From ultrasonic emissions | <input type="checkbox"/> Other |
| <input type="checkbox"/> From lasers | <input type="checkbox"/> U.V. radiation | |
| <input type="checkbox"/> From ionizing radiation | <input type="checkbox"/> Infra red radiation | |

(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)

APENDIX 3 - BIOLOGICAL RISKS

Have you been subject to health and safety supervision at any time in the past? YE! NO

Indicate analytical methods and techniques utilized

- Spectrophotometry Viral infection techniques Experimentation on laboratory animals
 Chromatography Cito-istological techniques Breeding of animals for observation
 Clinical chemistry techniques Molecular biology techniques Photography and darkroom processing
 Bacteria culture techniques Administration and coordination Technique using genetically modified micro-organisms
 Cell culture techniques Techniques employing radioactive materials Other

Indicate type of laboratory

TYPE	EXAMPLE OF LABORATORY	TYPES OF MICRO- ORGANISMS EMPLOYED
<input type="checkbox"/> Laboratory– Biosafety Level 1	Basic training	Micro-organisms unlikely to cause illness or infection in humans or animals
<input type="checkbox"/> Laboratory– Biosafety Level 2	Basic health care (hospital, diagnostic, training and public health.	Pathogenic agents that can cause disease or illness in humans and animals but unlikely that they constitute a serious risk to laboratory personnel, the public, livestock or the environment. Exposure to such pathogens can cause serious infection but the risk of diffusion is low
<input type="checkbox"/> Laboratory– Biosafety Level 3	Applicable to clinical, diagnostic, teaching research or production facilities.	Pathogenic agents which may cause serious or potentially lethal disease in humans and animals. Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. Preventative measures and effective treatment is available and in place.
<input type="checkbox"/> Laboratory– Biosafety Level 4	Unit working with dangerous pathogenic agents	Dangerous and exotic agents that pose a high individual risk of aerosol-transmitted laboratory infections and life-threatening disease. Access to the laboratory is strictly controlled by the laboratory director. The facility is either in a separate building or in a controlled area within a building, which is completely isolated from all other areas of the building. A specific facility operations manual is prepared or adopted.

Indicate the biological agents utilized and/or potentially present in materials analysed to which exposed to while carrying out your work

AGENTS	HOW OFTEN USED	PROTECTION	NOTES
<input type="text"/>	<input type="text"/> hours/day <input type="text"/> days/month <input type="text"/> months/year	<input type="checkbox"/> Controlled environment <input type="checkbox"/> personal	<input type="text"/>
<input type="text"/>	<input type="text"/> hours/day <input type="text"/> days/month <input type="text"/> months/year	<input type="checkbox"/> Controlled environment <input type="checkbox"/> personal	<input type="text"/>
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<input type="text"/>	<input type="text"/> hours/day <input type="text"/> days/month <input type="text"/> months/year	<input type="checkbox"/> Controlled environment <input type="checkbox"/> personal	<input type="text"/>

Indicate equipment used

<input type="checkbox"/> Chemical safety cabinet	<input type="checkbox"/> lyophilizator	<input type="checkbox"/> Autoclave	<input type="checkbox"/> Freezer
<input type="checkbox"/> Hypodermic needles	<input type="checkbox"/> Chemical safety cabinet	<input type="checkbox"/> Incubator	<input type="checkbox"/> Agitator
<input type="checkbox"/> Ultrasonic processor	<input type="checkbox"/> anaerobic storage apparatus	<input type="checkbox"/> Homogeniser	<input type="checkbox"/> Ultrasonic bath
<input type="checkbox"/> Doubleboiler	<input type="checkbox"/> Class I Biological safety cabinet	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Stomacher
<input type="checkbox"/> Tissue fragmentator	<input type="checkbox"/> Class II Biological safety cabinet	<input type="checkbox"/> Ultracentrifuge	<input type="checkbox"/> Dessiccator
<input type="checkbox"/> Class III Biological safety cabinet	<input type="checkbox"/> Lancing device incinerator	<input type="checkbox"/> Other	<input type="text"/>

Indicate Personal Protective Equipment used

<input type="checkbox"/> Acid proof clothing	<input type="checkbox"/> Anti splash chemical safety goggles	<input type="checkbox"/> Anti slip footwear
<input type="checkbox"/> Facemask with air filter	<input type="checkbox"/> Anti splash biological safety goggles	<input type="checkbox"/> Ear defenders/ear muffs
<input type="checkbox"/> Cotton gloves	<input type="checkbox"/> Infra-red protective spectacles/eyewear	<input type="checkbox"/> Latex gloves
<input type="checkbox"/> Ultra violet protective spectacles	<input type="checkbox"/> Neoprene and PVC gloves	<input type="checkbox"/> Other
		<input type="text"/>

Indicate active or passive preventative measures you have received

Vaccination - if yes, which?

Serum - if yes, which?

Other measures - if yes, which?

(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)