

ACTIVITIES AT LNS CLASSIFIED AREA WITH THE PRESENCE OF IONIZING RADIATION RISKS *(for workers of external companies)*

Following the request for LNS access authorization, related to the period:

from.....to..... for the execution of contract/order n.....

(RUP:.....) between LNS and this company:

.....
The undersigned authorizes the following workers:

(Last name) (First name).....

(Last name) (First name).....

(Last name) (First name).....

(Last name) (First name).....

(Last name) (First name).....

to access and work into LNS classified areas with the presence of sources of ionizing radiation, provided that the exposure of workers is not greater than the natural background or, in any case, not higher than the levels that Italian law establishes for NOT exposed workers to such risks, aware that such limitation of exposure can only be guaranteed in compliance with the provisions and instructions given by the LNS. Furthermore, it declares that the activity at the LNS is the only one carried out by workers in these types of classified areas and delegates the LNS, exclusively for the activities referred to in this form, to the risk assessment relating to ionizing radiation and the classification of workers by the LNS radiation protection expert (1).

Moreover the undersigned and the workers declare that have read the LNS internal radiation protection rules concerning external workers (which can be downloaded from the LNS website: www.lns.infn.it/en/radiation-protection-rules). The worker will contact the radiation protection service before he/she will access the areas to receive information on the location of the sources and on any ionizing radiation risks present near the intervention sites.

The contact person of this company is:

email.....(tel.....)

Date

Employer stamp and signature

(1) Signature of the LNS RPE for the classification of NON-exposed workers and for the risk assessment carried out in accordance with their activity declared in this form.