

To the Director of  
Laboratori Nazionali del Sud  
Via S. Sofia, 62  
95123 CATANIA

Please authorize Dr. .... nationality .....  
date and place of birth ..... fiscal code .....  
n. cell. .... email .....as (1) .....  
of this University/Institution/Company ..... address (2): .....  
.....to attend the L.N.S. from ..... to .....at:  
 LNS-CT Group .....,  testSite PORTO-CT,  testSite PORTOPALO di CP-SR

**Authorization to work with ionizing radiation risk** (3)

We authorize the worker to do the following activities .....  
.....  
in controlled or supervised areas with ionizing radiation risks at L.N.S. in Catania. According to Italian and European legislation (2013/59), we declare that His/Her radioprotection classification is:

- Exposed (classified) worker, as attached medical fitness dated not early then 1 year
- Not exposed (not classified) worker.

And we take, for the worker, the responsibilities of the employer as provided by law in force in Italy and in our nation. We certify also that the worker has been trained on ionizing radiation risk and safety, and knows that must follow the LNS radiation protection rules and was informed by the experiment group leader on specific risks of his work at LNS.

Moreover, his/her effective dose constraints during the stay at LNS are ..... mSv of effective dose and ..... mSv of equivalent dose for the following organs or tissue .....

Otherwise we declare that:

- the worker is NOT authorized to work with ionizing radiation risk at L.N.S. in Catania.

The worker is insured for accident risks, including if exposed worker also radiation risks, which is valid during the stay at Laboratori Nazionali del Sud in Catania; The Worker authorizes the processing of his personal data for the purposes of the activity described here and is informed that he must comply with the internal radiation protection regulations published on the LNS website.

We will give immediate communication of any variation of the statements above, occurred during the period requested, submitting any up-dated documentation.

For further information please contact ..... title .....  
Tel. n ° ..... email: .....

Date .....

Signature of Director (4)

(1) Specify (Employee, Student, Researcher, Other). (2) Fill with the complete address of Institution (state, city, street, postal code, etc.). (3) Specify activity (experiments, tests, etc.), risk category and medical fitness validity date. (4) Write the name and title of the signatory, which must correspond to the employer. The signature must be autograph.

*INFN-LNS authorization valid up to ..... LNS Director .....*