



Individual question form for the identifying of the occupational risks aiming at the predisposition of safety measures and health supervisory protocols.

ANAGRAPHIC SUMMARY

Badge number Surname Name Male Female

Date of birth Birth Place Domicile address

Email Mobile Nr Phone Nr

Faculty/Department/Office Building code Floor Room

Job description Start date End date

RISK ASSESSMENT

HEALTH AND SAFETY - Accident Risk

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



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Ionizing radiation

Do you use radioactive sources and/or equipment that emits X-rays? 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
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.
Use the address sdl@uniroma1.it exclusively for the purpose of sending the SDL.



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APENDIX 1 - WORK WITH COMPUTER

Badge number Name Job category

Faculty/Department/Office Building code Floor Room

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

VIDEO DISPLAY UNITS

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

Other than working with the computer and general office work what other type of work do you regularly undertake?

WORK STATIONS

Video/monitor

Can you control the contrast and brightness? yes no

Is the image stable? yes no

Can you adjust the inclination and angle of the monitor? yes no

Is the keyboard movable independently? yes no

Is the keyboard situated on a retractable shelf? yes no

Desk

What are the dimension of your desk? Does desk have a light-coloured matt surface? yes no

if not, what is the colour and aspect? Does your work station have enough leg space? yes no

Chair

Can you adjust the height of your chair Is the seat upholstered? yes no

Does your chair have a five star base? yes no

Does the back have an adjustable height and tilt mechanism? yes no

Is there a foot rest present in the work station? yes no

Reflections and glare

Is your the work station positioned so as not to be exposed to reflections or glare from any light source? yes no

Are the windows fitted with adjustable curtains or blinds? yes no

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APENDIX 2 - RISKS FROM CHEMICAL AGENTS

Badge number Name Job category

Laboratory/office Building code Floor Room

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 > 5 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 type="text"/>	<input type="text"/>	<input 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 type="text"/>			<input type="checkbox"/> < 15 mins <input type="checkbox"/> 15 -30 mins <input type="checkbox"/> 30 -60 mins <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 4 hours <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> > 6 hours
Temp (in °C) at which used⁽³⁾			Amounts handled⁽⁴⁾
<input type="text"/>			<input type="checkbox"/> < 1 gram o millilitre <input type="checkbox"/> 1-10 grams o millilitre: <input type="checkbox"/> 10-50 grams o millilitres <input type="checkbox"/> 50-100 grams o millilitres <input type="checkbox"/> 100-1000 grams o millilitres <input type="checkbox"/> > 1000 grams o millilitres



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			<input type="checkbox"/> 100-1000 grams o millilitres	<input type="checkbox"/> > 1000 grams o millilitres
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1 () See label and / or safety data sheet of the substance / product

2 () Tick the relevant box - The duration of exposure and the quantity handled refer to daily use and in the case of variable use indicate the conditions of maximum use

3 () If used at room temperature insert RT

4 () indicate approximately the quantity in grams or millilitres, also if in liquid solution or mixture



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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="text"/> |
| <input type="checkbox"/> Laminar flow cabinet | <input type="checkbox"/> Ultrasonic apparatus | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Chemical safety cabinet | <input type="checkbox"/> Spectrophotometre | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Thermostat | <input type="checkbox"/> Other <input type="text"/> |

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

Indicate other possible risks other than from chemical substances _____

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

(signature of employee)

(signature of employer*)

(signature of laboratory supervisor)

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APENDIX 3 - BIOLOGICAL RISKS

Badge number Name Job category

Laboratory/office Building code Floor Room

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

indicate analitical methods and techniques utilized

- | | | |
|--|---|---|
| <input type="checkbox"/> Spectrophotometry | <input type="checkbox"/> Viral infection techniques | <input type="checkbox"/> Experimentation on laboratory animals |
| <input type="checkbox"/> Chromatografy | <input type="checkbox"/> Cito-istological techniques | <input type="checkbox"/> Breeding of animals for observation |
| <input type="checkbox"/> Clinical chemistry techniques | <input type="checkbox"/> Molecular biology techniques | <input type="checkbox"/> Photography and darkroom processing |
| <input type="checkbox"/> Bacteria culture techniques | <input type="checkbox"/> Administation and coordination | <input type="checkbox"/> Technique using genetically modified micro-organisms |
| <input type="checkbox"/> Cell culture techniques | <input type="checkbox"/> Techniques employing radioactive materials | <input type="checkbox"/> Other <input type="text"/> |

Indicate type of laboratory

TYPE	EXAMPLE OF LABORATORY	TYPES OF MICRO- ORGANISMS EMPLOYED
<input type="checkbox"/> Laboratory– Biosafety Level 1	Basic training	Micro-oganisms 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.	Patogenic 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 o the environment. Exposure to such patogens 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.	Patogenic 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 patogenic 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.



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Indicate the biological agents utilized and/or potentially present in materials analysed to which exposed 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"/>
<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"/>
<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"/>

Indicate equipment used _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Hypodermic needles | <input type="checkbox"/> Chemical safety cabinet | <input type="checkbox"/> Incubator | <input type="checkbox"/> Agitator |
| <input type="checkbox"/> Chemical safety cabinet | <input type="checkbox"/> lyophilizator | <input type="checkbox"/> Autoclave | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Ultrasonic processor | <input type="checkbox"/> anaerobic storage appartatus | <input type="checkbox"/> Homogeniser | <input type="checkbox"/> Ultrasonic bath |
| <input type="checkbox"/> Doubleboiler | <input type="checkbox"/> Class I Biological safety cabinet | <input type="checkbox"/> Refridgerator | <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"/> Facemask with air filter | <input type="checkbox"/> Anti slip footwear |
| <input type="checkbox"/> Anti splash chemical safety goggles | <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?

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