**RISK ASSESSMENT FORM
CLINICAL RECORD – CURRICULAR INTERNSHIP**

**INTERN’S PERSONAL DETAILS**

Full name: [Surname and first name]

Place of birth: [Municipality (Province)]

Address: [Street, number]

City: [Municipality (Province)]

Email:

Gender:

Date of birth:

Mobile phone:

Fiscal code:

[ ] M [ ] F

(dd/mm/yyyy)

**INTERN’S GENERAL PRACTITIONER**

GP: Dr. [Surname and first name]

Address: [Street, Number]

GP’s office: [Municipality (Province)]

Telephone (if available): Email:

**COMPANY’S DETAILS (Host)**

Name: [Full official company name]

Intern’s workplace: [Municipality, street, number]

Company telephone: Email: Certified email:

Employer:

Head of the Health and Safety Services:

Medical Officer (if any):

Intern’s contact/supervisor in the host company:

**DEPARTMENT DETAILS (Promoter)**

Department: [Full name of the department]

Intern’s degree course: [Full name of the degree course]

Type of degree: [ ] bachelor’s [ ] master’s [ ] integrated master’s

Year of the programme: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

 Departmental Academic Services (*segreteria didattica*)
Telephone: Email: Certified email:

Contact/tutor within the department:

Internship duration: from 00/00/2024 to 00/00/2024

Scheduled hiatus from internship (if any): from 00/00/2024 to 00/00/2024

Notes:

We hereby declare that [Surname and first name] is a student enrolled at the Department of [name of department]. They will work as an intern (who is classed as a worker within the meaning of Article 2(1)(a)) within their curricular internship scheme at [name of company] and may be exposed to the following hazards:

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential hazards to which the intern is subject** | **YES** | **NO** | **Hazard frequency** |
|  |  |  |  |
| Workplaces:(e.g., confined spaces, underground environments, tripping and obstructions on emergency routes, etc.) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| MicroclimateHeat/cold stress |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Elevated work areasfalls from height, falls to a lower level, lifting equipment |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Electrical hazards:Working with high voltage |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Contact with equipment /machinery that may lead to injuries such as cuts and abrasions as well as injuries caused by shearing, crushing, trapped body parts, shearing or being struck by an object, etc. |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Moving mechanical parts and means of transport:(e.g., being struck, knocked down, crushed, run over, etc.) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Working with video display units  |[ ] [ ]  [ ]  < 20 hours/week[ ]  > 20 hours/week  |
| Noise:[ ] <80 dB (A)[ ]  80-85 dB (A)[ ] >85 dB (A)(Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Mechanical vibrationsAbove exposure action value (EAV). Hand/arm 2.5 m/s2 - whole body 0.5 m/s2 |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Electromagnetic fields |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Artificial optical radiation (AOR)Above exposure limit value - Article 215 of Italian Legislative Decree No 81/2008 |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| LaserSpecify type and class\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Ionising radiation(Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Chemical agents and hazardous chemicals:(e.g., dusts, fumes, gases, vapours, skin contact, ingestion, inhalation, etc.)(Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Carcinogenic, mutagenic and toxic to reproduction agents Please, specify: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Asbestos  |[ ] [ ]  / |
| Biological agents Specify group: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Work related stress  |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Manual handling of loads(Student should not be exposed to this risk according to UniTS memorandum registered under No 176520 of 11/10/2024) |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |
| Other/specific hazards. Please specify: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |[ ] [ ]  [ ]  Daily[ ]  Frequently[ ]  Rarely |

Place and Date, xxxx 00/00/2024

 Company’s employer:

 or member of staff in charge of Health and Safety

 [ ] Employer [ ] H&S [ ] Manager

 (Information on hazards)