

# Safety Declaration - User Facilities PSI

Proposal ID#:	
Facility / Beamline:	

## 1. Declaration – general part

I confirm that I have listed all risks that may occur during the experiment during the proposal submission procedure. In particular, I have named the risks that may occur in dealing with the following activities, substances, materials and discussed them with the local contact. For specific questions, the PSI local contact can always consult the respective PSI safety specialist.

	Mark when appropriate		Mark when appropriate
Lasers (from class 3B)		Chemical hazard	
Nanomaterials		Electrical hazard	
Flammable or toxic gases		Biological hazard	
Cryogenic gases		Electromagnetic fields	
Radiation		Ethical issues, animal experiments	

I have discussed the setup and functionality of the experiment with the local contact. Any substantial deviations from the experiment as described in the proposal are described in section 4. In case of any questions or safety relevant changes in the course of the experiment, I will inform the PSI local contact mentioned below. I am responsible that all people operating user-supplied equipment are properly instructed.

## 2. Beamline related instructions

Additionally, I was instructed in person by my local contact regarding the following beamline specific safety regulations:

	Mark the appropriate instructions
Beamline specific emergency procedures and PSYS instructions	
Special safety measures required by working in heights (use of ladders, safety equipment for heights > 2m etc.)	
Escape and rescue routes	
Location and usage of fire extinguishers	
Phone number of local contact	

### 3. The signatory will instruct the following collaborators:

Family name, first name	Company / Institute

### 4. Deviations with respect to the proposal

The following deviations (if any) from the experiment described in the proposal will be made in agreement with the local contact:

## Signatures

The experiment has to be performed as described in the proposal and section 4. I am instructed and have understood the safety procedures listed above.

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Signatory (User group leader): date, name in print, signature

I have informed the user regarding beamline related instructions mentioned above and gave the permission to start the experiment!

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Local contact: date, name in print, signature