



Safety Declaration - User Facilities PSI

General Info	Family name, first name	<input type="text"/>		
	Company / Institute	<input type="text"/>		
	Proposal ID#	<input type="text"/>	valid until (max. 1 year)	<input type="text"/>
	Facility / Beamline	<input type="text"/>	my PSI local contact	<input type="text"/>

Safety Instructions	I. Declaration - general			Initial
	<p>I've successfully completed the safety training course and I fully understand the basic information and procedures necessary for my activities at PSI. I am aware that further information regarding safety regulations at PSI can be found on the following PSI website: http://www.psi.ch/useroffice/safety-at-psi. Safety instructions apply to the following topics:</p>			
	SGU - Directive	Radiation Protection	Chemistry Safety	Biology Safety
	Fire & Emergency	Lasers Protection	Nanomaterials Safety	Gas and Cryo Safety
	Electrical Safety	Electromagnetic fields and non-coherent optical radiation	Safety analysis procedure for experiments	PSYS Instructions
	II. Beamline related instructions - on site			Initial
	<p>Additionally, I was instructed in person by my local contact regarding following beamline specific safety regulations:</p>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<p>In case of any questions and / or safety relevant changes of the experiment (in particular while performing an experiment) I will inform the PSI local contact mentioned above.</p>			

User Statement	I will instruct the following collaborators:			
	Family name, first name	Company / Institute	Arrival date	Arrival time
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PSI	<p>I fully understand that the experiment has to be performed as described in the proposal. Please state additional remarks on the back side or attached sheet. I've read and understand the safety procedures listed above.</p>			
	<p>My safety provisions for me and others: _____</p>			
	<p>Please provide the document to the PSI local contact.</p>		<p>Villigen PSI, _____ User signature _____</p>	



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The following deviations from the experiment in the proposal will be made:

Essential safety requirements:

Additional remarks:

User Statement