



Safety Declaration - User Facilities PSI-West

General Info

Family name, first name	<input style="width: 100%;" type="text"/>		
Company / Institute	<input style="width: 100%;" type="text"/>		
Proposal ID#	<input style="width: 25%;" type="text"/>	valid until (max. 1 year)	<input style="width: 25%;" type="text"/>
Facility / Beamline	<input style="width: 25%;" type="text"/>	my PSI local contact	<input style="width: 25%;" type="text"/>

Safety Instructions

I. Declaration - general	Initial
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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 following topics:

- | | | | |
|--------------------------------------|---|---|-----------------------------------|
| SGU - Directive | Radiation Protection | Chemistry Safety | Biology Safety |
| Fire & Emergency | Lasers Protection | Nanomaterials Safety | 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
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Additionally, I was instructed in person by my local contact regarding following beamline specific safety regulations:

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.

User Statement

I will instruct the following collaborators:

Family name, first name	Company / Institute	Arrival date	Arrival time

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.

My safety provisions for me and others: _____

Please provide the document to PSI local contact. Villigen PSI, _____ User signature _____

PSI

I've informed the user regarding safety instructions and give permission to start the experiment. Villigen PSI, _____ Signature PSI local contact _____



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

Essential safety requirements:

Additional remarks:

User Statement