SELF-DECLARATION AND REQUEST FOR DOCUMENTATION

COMPLETED BY: HOME INSTITUTION

The completion of this document is an **essential** requirement in accordance with Law 31/1995 of 8 November on the Prevention of Occupational Risks. This document must be provided prior to acceptance by CEU University Vice Rectorate of Research for assessment thereof.

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| --- | --- |
| Name of the researcher's home institution |  |
| Registered address |  |
| Contact person at the researcher's home institution |  |
| Contact telephone number |  |
| E-mail |  |
| Name and surname(s) of the researcher |  |
| Host department at CEU |  |
| Name of the person responsible for the host CEU Laboratory |  |
| Term of stay |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | Not applicable |
| Civil Liability Insurance (CLI) | | | | |
| 1. | Does the researcher's home institution have a CLI policy that covers them for any incidents that may arise as a result of the researcher's work? |  |  |  |
| Right to protection against occupational risks  Article 14 of the LPRL (Law on the Protection Against Occupational Risks) | | | | |
| 2. | Has the researcher been informed by their home institution of the procedure they must follow in the event of an accident and the telephones and addresses they must contact (Reseachers' Mutual Insurance Company/Collaborating Health Care Institution)?  NOTE: In the event of an accident/incident, the Department of Occupational Health, Safety and Welfare Promotion of the FUSP must be notified ([servicioprevencion@ceu.es](mailto:servicioprevencion@ceu.es)). |  |  |  |
| Risk assessment  Article 16 of the LPRL | | | | |
| 3. | Has their home institution carried out the Occupational Risk Assessment and the Preventive Action Plan for the research to be done? |  |  |  |
| Information about the workers  Articles 18 and 19 | | | | |
| 4. | Has the researcher received information and training about the specific risks of their job at their home institution? |  |  |  |
| 5. | Has the researcher received information and training related to protection activities for their job at their home institution? |  |  |  |
| 6. | Has the researcher received the guidelines provided by CEU for what to do in the event of an emergency? |  |  |  |
| Health monitoring  Article 22 of the LPRL | | | | |
| 7. | Do they have the individual certificate supporting their eligibility for performing the job (health monitoring)? |  |  |  |
|  |  |  |  |  |

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|  |  |  |  |  |
|  |  | Yes | No | Not applicable |
| Specific hazards | | | | |
| 8. | While carrying out the research work at USP-CEU, does the schedule include the researcher being exposed to any risk requiring the adoption of specific preventive measures? If yes, answer question 9. |  |  |  |
| 9. | Mark the box(es) related to the risks to which the researcher will be subjected during the performance of their research work in one of the research groups at the University San Pablo CEU.  Biological risk (answer question 10) State risk factor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chemical risk. State risk factor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ionising radiation. State risk factor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 10. | If applicable, is the updated immunisation history available for any researcher exposed to biological risks (Royal Decree 664/1997)? |  |  |  |

With the aim of implementing the policy on safety and health protection, the CEU SAN PABLO UNIVERSITY FOUNDATION's priority goal is to ensure the health and safety of researchers/students carrying out activities in its facilities. Therefore, we ask you to include on this self-declaration with a brief description of the activity in order to request any additional documentation that may be required from you:

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**Contact details (\*):**

Person designated to comply with and follow up the prevention-related requirements of the researcher's home institution:

Name and surnames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:

NOTE: The above signatory (\*) declares the accuracy of the contents of this document and undertakes to provide the aforementioned documentation whenever deemed necessary by the FUSP.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

The original signed document must be forwarded to:

Department of Health, Safety and Occupational Welfare Promotion

Corporate Personnel Management

CEU SAN PABLO UNIVERSITY FOUNDATION

Escuela Politécnica Superior – Despacho 2.1.1. Urbanización Montepríncipe. 28925 Alcorcón. Madrid