SELF-DECLARATION AND REQUEST FOR DOCUMENTATION RESEARCHER'S HOME ORGANISATION

Filling in this document is a **mandatory** requirement, in accordance with Act 31/1995, on Prevention of occupational risks. It must be submitted prior to the acceptance of the Vice-Rectorate for Teaching and Research of Universidad CEU for its assessment.

|  |  |
| --- | --- |
| Name of the researcher's home institution |  |
| Registered office |  |
| Contact person at the researcher's home institution |  |
| Contact telephone number |  |
| E-mail address |  |
| Researcher's name and surname |  |
| Host department at CEU |  |
| Name of the head of the host CEU laboratory |  |
| Period of stay |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| 1. Does the researcher's home institution have a **Civil Liability Insurance (CRS)** that covers any incident that may arise as a consequence of the researcher's work?
 |  |  |  |
| 1. Has the researcher been informed on the procedure to follow in case of an accident and the telephone numbers and addresses to contact (Researcher's **Mutual** Insurance Company/Cooperating Health Entity)?

NOTICE: In the event of an accident/incident, you shall inform the FUSP's Area for Health Promotion, Safety and Wellbeing at Work (servicioprevencion@ceu.es). |  |  |  |
| 1. Has the researcher carried out the **Occupational Risk Assessment and the Preventive Action Planning** of the investigations to be carried out?
 |  |  |  |
| 1. Has the researcher received **information and training** on the specific risks of his/her job in his/her home institution?
 |  |  |  |
| 1. Has the researcher received information and training on the protective and preventive measures and activities applicable to the risks of his/her position?
 |  |  |  |
| 1. Has the researcher received information on the **rules of action in the event of an emergency**?
 |  |  |  |
| 1. Does the researcher have an individual certificate of fitness for the job **(health surveillance)**?
 |  |  |  |
| 1. During the stay at USP-CEU, will the researcher be exposed to **any risk requiring specific preventive measures**? If yes, please indicate the risk:

Biological risk. Indicate risk factor:Chemical risk. Indicate risk factor:Ionizing radiation. Indicate risk factor: Other (indicate which one): |  |  |  |
| 1. Where appropriate, are up-to-date **vaccination records** available for researchers exposed to biological risks, as required by RD 664/1997?
 |  |  |  |

Documentation to be submitted together with the self-declaration:

* Protocol for action in the event of an accident.
* Emergency telephone number in the event of an accident.
* Preventive organisation model approved by the company (if it is its own, qualification of the person in charge; and if it is contracted with an outside entity, document of the agreement).
* Evaluation of the Occupational Risk Assessment and the Preventive Action Planning of the projects to be carried out in case there is an Activity with Risk to third parties.
* Personal certificate of aptitude for the performance of the job (Health Surveillance).
* Document accrediting the training and information on ORP received for the performance of their job.
* Authorisation with special permits for the performance of activities: APPLICATION for Visit to the VICE-RECTORATE for CEU RESEARCH.
* Descriptive list of PPE that the researcher/student must use for the performance of his/her activity.
* Where appropriate, Vaccination records. Available for researchers exposed to biological risks, as required by RD 664/1997. Apply our OP VPE "Workers exposed to BR".

|  |
| --- |
| Contact details of the person designated to comply with and follow-up on the preventive requirements of the researcher's home institution. |
| Name |  | Signature |
| Surname |  |
| Position |  |
| Data of the person who authorises the researcher’s stay (\*): |
| Name |  | Signature |
| Surname |  |
| Position |  |

NOTICE: The undersigned (\*) hereby declares the truthfulness of the contents of this document and undertakes to provide the aforementioned documentation, when deemed necessary by the FUSP.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

You shall submit this document, signed and dated, to the Area for Health Promotion by e-mail: servicioprevencion@ceu.es

|  |
| --- |
| ACTIVITY’S PERMIT |
| Registration No. | Date of registration (dd/mm/yyyy) | Registration page |
|  |  |  |
|  |  |  |
|  |  |  |
| EXTERNAL ENTITY OF THE RESEARCHER/STUDENT |
|  |
| Registered Office | Telephone number |
|  |  |
| Short description of the activity  |
|  |
| Specific risks of this activity |
| Biological riskChemical riskIonizing radiation. Indicate the risk factor/sOther (indicate which one) |
| Projects’ Start Date(dd/mm/yyyy) | Projects’ End Date(dd/mm/yyyy) |
|  |  |
| RESEARCHER/ STUDENT (name, signature, and date) |
|  |
| Preventive Measures and Protective Equipment to be used |
|  |
| Head of the External Entity (name, signature, and date) | Authorised by(name, signature, and date)Vice-Rector for Teaching and Research ofUniversidad CEU | Received by (name, signature, and date)Occupational Risk Prevention Officer at FUSP |
|  |  |  |