VISITING RESEARCHER’S SELF-DECLARATION

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 and Surname |  |
| Contact Telephone Number |  |
| E-mail address |  |
| Host department at CEU |  |
| Name of the researcher's home institution |  |
| Contact person at the researcher's home institution |  |
| Period of stay |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| 1. The home institution has provided me the Risk Assessment in accordance with my competences and activity.
 |  |  |  |
| 1. I have received information and training on the specific risks of my position and the applicable protective and preventive measures.
 |  |  |  |
| 1. I have been informed on the risks inherent to the areas where I am going to carry out my activity.
 |  |  |  |
| 1. I have received the specific training in accordance with the legislative premises (article 32 bis of Act 31/1995).
 |  |  |  |
| 1. I have received the appropriate PPEs according to the list described by the entity to which I belong (verified by the CEU’s Area for Health Promotion).
 |  |  |  |
| 1. I have received information on the protocol for action in case of emergency.
 |  |  |  |
| 1. I have been informed on the procedure to follow in the event of an accident and the telephone numbers and addresses that I can contact.

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. I have the individual certificate of fitness for the job (health surveillance).
 |  |  |  |
| 1. I have an up-to-date vaccination record for personnel exposed to biological risks, in accordance with the provisions of RD 664/1997.
 |  |  |  |
| 1. I will be exposed to research projects with biological risk in CEU.
 |  |  |  |
| 1. I am particularly sensitive personnel, I have a declared disability, I am pregnant or I am breastfeeding.
 |  |  |  |

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