# **Form 3**

# **Safety Warden Authorization Form- Postdoctoral Fellows**

As a new employee at the School of Physics and Astronomy, you are requested to fill out the form and dispatch it by email to Adir Vigder, Radiation Safety Officer at Faculty of Exact Sciences

\*Please note:

Final authorization for working with radioactive sources and X-Ray radiation will be approved by Mr. Adir Vigder.

Final authorization for handling Lasers, chemical & biological substances, will be approved by Dr. Yulia Vistayev, the General Safety Warden of the Faculty of Exact Sciences.

## **Postdoctoral Fellow declaration of personal details**

|  |  |
| --- | --- |
| Full name:  |  |
| ID No.: |  |
| Year of Birth:  |  |
| Residential Address: |  |
| Postal Code: |  |
| Tel:  |  |
| Mobile:  |  |
| Email:  |  |

### **Please mark yes near the name of your Health care Fund**

|  |  |
| --- | --- |
| Clalit |  |
| Maccabi |  |
| Leumit |  |
| Meuchedet |  |

|  |  |
| --- | --- |
| Signature of the postdoc fellow: |  |
| Date: |  |

## **Academic Host declaration of details**

Is the employee required to work with radiation / chemical substances / biological substances, answer with yes or no next to each of the following:

|  |  |
| --- | --- |
| X-ray: |  |
| Radioactivity: |  |
| Lasers: |  |
| chemical substances |  |
| biological substances |  |

In the event that a change or addition will occur in the type of occupation of the employee, it is your duty to report such to Adir Vigder by dispatching this form anew.

|  |  |
| --- | --- |
| Name of the host: |  |
| Position: |  |
| Email: |  |
| Research Venue (building and room number): |  |
| Signature of the host: |  |
| Date: |  |

## **Safety Warden Declaration of details after conducting training**

|  |  |
| --- | --- |
| Has the employee undergone radiation safety training: |  |
| date of the training: |  |
| Who trained the employee: |  |
| Has the employee undergone chemical substances safety training: |  |
| date of the training: |  |
| Who trained the employee: |  |
| Has the employee undergone biological substances safety training: |  |
| date of the training: |  |
| Who trained the employee: |  |