

# Preview of evaluation form of planned activities for health surveillance

Last update: 5th of February 2013

Last english traslation: 28th of February 2018 (by Denise Cerne)

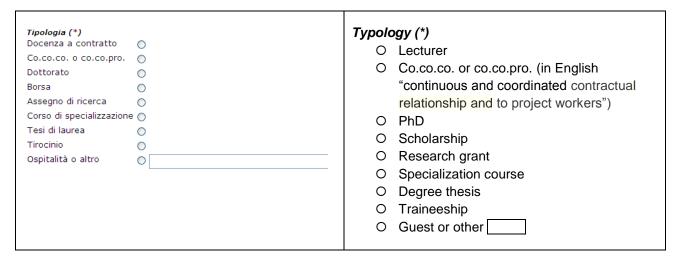
## Section 1: personal data for preparation of medical file

L. E-mail (	(*)	
2. Cellulare	e	
3. Sede do	ove viene svolta l'attività (*)	
l. Respons	sabile scientifico/tutore	
	ia del contratto/autorizzazione(**) a tempo indeterminato part-time (specificare ore/settimana)	
Contratto	a tempo indeterminato full-time	
Contratto	a tempo determinato part-time (specificare ore/settimana)	
	a tempo determinato full-time	
Contratto Autorizzaz	di collaborazione	
lutonzzaz	zione	
	IAL DATA FOR PREPARATION OF MEDICAL FILE	
	Email (*)	
1. E		
1. E	Email (*)	
1. E 2. C 3. P	Email (*) Cell phone	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)  Scientific manager/tutor  Type of contract/authorization (*)	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)  Scientific manager/tutor  Type of contract/authorization (*)  Permanent contract part-time (specifying hours per week)	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)  Scientific manager/tutor  Type of contract/authorization (*)  Permanent contract part-time (specifying hours per week)	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)  Scientific manager/tutor  Type of contract/authorization (*)  Permanent contract part-time (specifying hours per week)  Permanent contract full-time  Fixed-term contract part-time (specifying hours per week)	
1. E	Email (*)  Cell phone  Place where the activity is performed (*)  Scientific manager/tutor  Type of contract/authorization (*)  Permanent contract part-time (specifying hours per week)  Permanent contract full-time  Fixed-term contract part-time (specifying hours per week)  Fixed-term contract full-time	

In the last question, if you have selected a permanent or fixed-term contract, the questionnaire proceeds with the following in-depth request:

Area (*)		Area (	*)
Tecnico ( Amministrativo ( Docente/ricercatore ( Biblioteche (	0 0 0 0	0 0	Technician Administrative staff Professor/researcher Libraries

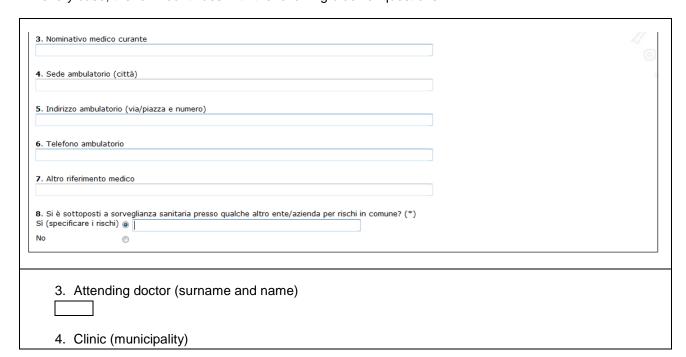
### otherwise:



If you have not selected a permanent contract, you must fill out this field:



In every case, the form continues with the following block of questions:



5. Clinic address (street/square and number)	
6. Clinic phone number	
7. Other medical reference	
8. Have you undergone health surveillance in other institution/company for shared risks?  O Yes (specifying the risks)  O No	
If you answer "yes" in the last question, it is also necessary to give the following information:	
SCHEDA ANAGRAFICA PER ISTITUZIONE CARTELLA SANITARIA	
1. Ente/azienda con i quali si è già sottoposti a sorveglianza sanitaria per rischi in comune (*)	\$1°
PERSONAL DATA FOR PREPARATION OF MEDICAL FILE	
Institution/company by which you have undergone health surveillance for shared risks (*)	

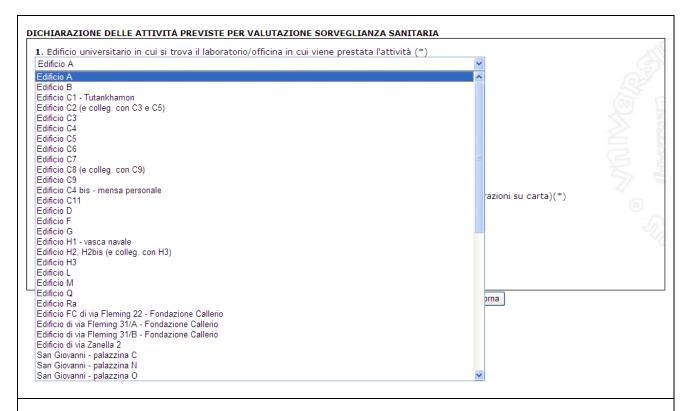
# Section 2: declaration of planned activities for health surveillance evaluation

Note: for every attended laboratory you must fill out the entire questionnaire

The second part starts asking the following data:

. Dipartimento/Facoltà	'altro ed event. laboratorio/officina in cui viene prestata l'attività(*)	(0)
!. Ente in cui si trova l' Iniversità degli Studi d	edificio con il laboratorio/officina in cui viene prestata l'attività(*) Trieste 🔘	
ltro (da specificare)	0	5
CLARATION O	F PLANNED ACTIVITIES FOR HEALTH SURVEIL	LANCE EVALUATION
	F PLANNED ACTIVITIES FOR HEALTH SURVEIL t/Faculty/other and possible laboratory/workshop w	
1. Departmer	t/Faculty/other and possible laboratory/workshop w	here you perform the activity (*)
1. Departmer		here you perform the activity (*)
Departmen      Institution     (*)     O Univer	t/Faculty/other and possible laboratory/workshop w	here you perform the activity (*)

If you have specified that the activity is performed in a university building, you must indicate the right building:



### **DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION**

1. University building in which there is the laboratory/workshop where you perform the activity (\*) [building list...]

otherwise you must indicate the building filling out a free text field:

DICHIARAZIONE DELLE ATTIVITÀ PREVISTE PER VALUTAZIONE SORVEGLIANZA SANITARIA  1. Edificio in cui si trova il laboratorio/officina in cui viene prestata l'attività(*)		
DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION		
Building in which there is the laboratory/workshop where you perform the activity (*)		

You proceed answering to the questions related with the activities at risk, which are performed in that place:

Sì	revisto lo svolgimento di docenza frontale/tutoraggio?(*) revisto lo svolgimento di attività impiegatizie ed assimilabili?(*) revisto l'uso del videoterminale per più di 20 ore/settimana effettive (cioè al netto di pause ed operazioni su carta)(*) revisto lo svolgimento di lavori pesanti (movimentazione carichi)?(*)	ONDINE OF STREET
No 🔿		
2.	Is it provided the carrying out of frontal lecturing/tutoring? (*)	
	O Yes O No	
3.	Is it provided the carrying out of office and similar activities? (*)	
	O Yes	
4.	O No Is the VDU use provided for more than 20 effective hours per week (excluding the break	ks and the
٦.	operations on paper)	NS and the
	O Yes	
	O No	
5.	Is it provided the carrying out of heavy works (handling of loads)? (*)	
	O Yes O No	
	-	

If you have answered "yes" in the last question, there are other three questions:

1. Concentrazione annuale attività di movimentazione carichi(*) Più mesi all'anno 💮	
Poche giornate all'anno 🔿	
2. Frequenza settimanale attività di movimentazione carichi (*) Pochi giorni a settimana ()	
Quotidianamente	
3. Impegno giornaliero attività di movimentazione carichi (*)	
Poche ore al giorno O	

### DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION

- 1. Annual concentration of activities of handling of loads (\*)
  - O Several months per year
  - O Few days per year
- 2. Weekly attendance of activities of handling of loads (\*)
  - O Few days per week
  - O Every day
- 3. Daily task for activities of handling of loads (\*)

O Few hours per day	
O More than half a day	
The form continues with the following question:	
4. E' previsto lo svolgimento di attività pratica in laboratorio chimico? (**) Si  No  No	(a)
4. Is it provided the carrying out of practical activity in chemical laboratory?  O Yes  O No	
If you have answered "yes" in the last question, it is necessary to answer to these following que	estions:
DICHIARAZIONE DELLE ATTIVITÀ PREVISTE PER VALUTAZIONE SORVEGLIANZA SANITARIA	
1. Concentrazione annuale attività pratica in laboratorio chimico (**) Poche giornate all'anno  Più mesi all'anno	£15
2. Frequenza settimanale attività pratica in laboratorio chimico (*) Pochi giorni a settimana  Quotidianamente	
3. Impegno giornaliero attività pratica in laboratorio chimico (*) Poche ore al giorno Oltre mezza giornata	易
DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION	
Annual concentration of practical activity in chemical laboratory (*)     Few days per year	
O Several months per year  2. Weekly attendance of practical activity in chemical laboratory (*)  O Few days per week	
O Every day  3. Daily task for practical activity in chemical laboratory (*)  O Few hours per day	
O More than half a day	
The form continues with the following question:	
4. E' previsto lo svolgimento di attività pratica in laboratorio biologico? (*) Sì  No	2
Is it provided the carrying out of practical activity in biological laboratory?     O Yes	

O No

If you have answered "yes" in the last question, it is necessary to answer again to the three questions:

DICHIA	AZIONE DELLE ATTIVITÀ PREVISTE PER VALUTAZIONE SORVEGLIANZA SANITARIA	
	centrazione annuale attività pratica in laboratorio biologico (*)	111
	giornate all'anno 🔘	63
		188
	uenza settimanale attività pratica in laboratorio biologico (*) jiorni a settimana ()	700 F
Quotid	anamente O	≥≥ §
3 Imp	egno giornaliero attività pratica in laboratorio biologico (*)	5 1
	ore al giorno	足 進
Oltre n	nezza giornata 🔿	7/ =
DECL	ARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION	
	Annual consequention of annualization with the biological laboration (*)	
1.	Annual concentration of practical activity in biological laboratory (*)  O Few days per year	
	<ul><li>O Few days per year</li><li>O Several months per year</li></ul>	
2.	Weekly attendance of practical activity in biological laboratory (*)	
۷.	O Few days per week	
	O Every day	
3.	Daily task for practical activity in chemical laboratory (*)	
	O Few hours per day	
	O More than half a day	

The form continues with the following question:

4. E' previsto lo svolgimento di attività pratica in stabulario (con animali vivi)? (*) Sì  No	-Q
<ul> <li>4. Is it provided the carrying out of practical activity in enclosure (with live animals)?</li> <li>O Yes</li> <li>O No</li> </ul>	

If you have answered "yes" in the last question, there are other three questions:

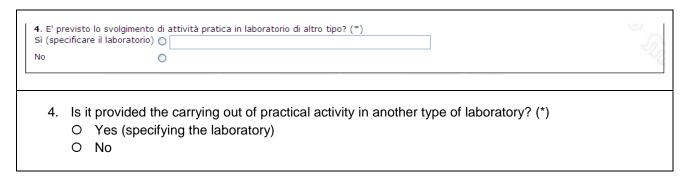


### DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION

1. Annual concentration of practical activity in enclosure (\*)

	O Several months per year
	O Few days per year
2.	Weekly attendance of practical activity in enclosure (*)
	O Few days per week
	O Every day
3.	Daily task for practical activity in enclosure (*)
	O Few hours per day
	O More than half a day
	ŕ

The form continues with the following question:



If you have answered "yes" in the last question, it is necessary to give the following clarifications:



### **DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION**

- 1. Annual concentration of practical activity in another type of laboratory (\*)
  - O Few days per year
  - O Several months per year
- 2. Weekly attendance of practical activity in another type of laboratory (\*)
  - O Few days per week
  - O Every day
- 3. Daily task for practical activity in another type of laboratory (\*)
  - O Few hours per day
  - O More than half a day

### The form ends with the following questions:

4. Attività soggette a norme specifiche (da indicare anche se svolte occasionalmente e/o in altro ambiente) Impiego di gas tossici, ove sia richiesto il certificato di abilitazione Produzione, confezionamento, detenzione e trasporto di esplosivi (fochino) Operatori e addetti a sostanze potenzialmente esplosive e infiammabili, settore idrocarburi Operatori e addetti ad apparecchiature di risonanza magnetica nucleare Operatori e addetti ad apparecchiature laser ad alta potenza Guida di veicoli stradali durante l'orario di servizio Guida di macchine per la movimentazione merci (carrelli, carri ponte, muletti, ecc.) Mansioni che prevedono attività in quota o in altezza (oltre i due metri) Mansioni che si svolgono in cave e miniere Manipolazione di agenti biologici del gruppo 3 o 4 Attività pratica con sostanze cancerogene e mutagene Attività subacquee  5. Altre attività a rischio	7.00
<ul> <li>4. Activities subjected to specific rules (to be indicated even if they are performed occasionally and/or in another environment)    Use of toxic gases, where a certificate of competency is required   Production, packaging, possession or transport of explosives (shot firer)   Users and operators responsible for potentially explosive and inflammable substances, hydrocarbons sector   Users and operators responsible for magnetic resonance equipment</li> <li>Users and operators responsible for high power laser equipment</li> <li>Driving of road vehicles during working timetable</li> <li>Driving of machineries for handling of loads (trolleys, overhead travelling cranes, forklifts, etc.)</li> <li>Tasks involving activities at height (over two meters)</li> <li>Tasks that take place in quarries and mines</li> <li>Manipulation of biological agents of group 3 or 4</li> <li>Practical activity with carcinogens and mutagens</li> <li>Underwater activities</li> </ul> 5. Other activities at risk	

Note: the fields ending with (\*) are mandatory