# **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](mailto:adirv@tauex.tau.ac.il), 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](mailto:adirv@tauex.tau.ac.il) 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: |  |