



# Safety Declaration - User Facilities PSI-West

General Info	Family name, first name	<input type="text"/>		
	Company / Institute	<input type="text"/>		
	Proposal ID#	<input type="text"/>	valid until (max. 1 year)	<input type="text"/>
	Facility / Beamline	<input type="text"/>	my PSI local contact	<input type="text"/>

Safety Instructions	<b>I. Declaration - general</b>	Initial
---------------------	---------------------------------	---------

I've successfully completed the safety training course and I fully understand the basic information and procedures necessary for my activities at PSI. I am aware that further information regarding safety regulations at PSI can be found on the following PSI website: <http://www.psi.ch/useroffice/safety-at-psi>. Safety instructions apply to the following topics:

- |                                      |   |   |                                     |
|--------------------------------------|---|---|-------------------------------------|
| <a href="#">SGU - Directive</a>      | <a href="#">Radiation Protection</a>                                      | <a href="#">Chemistry Safety</a>                          | <a href="#">Biology Safety</a>      |
| <a href="#">Fire &amp; Emergency</a> | <a href="#">Lasers Protection</a>   | <a href="#">Nanomaterials Safety</a>                      | <a href="#">Gas and Cryo Safety</a> |
| <a href="#">Electrical Safety</a>    | <a href="#">Electromagnetic fields and non-coherent optical radiation</a> | <a href="#">Safety analysis procedure for experiments</a> | <a href="#">PSYS Instructions</a>   |

Safety Instructions	<b>II. Beamline related instructions - on site</b>	Initial
---------------------	--	---------

Additionally, I was instructed in person by my local contact regarding following beamline specific safety regulations:


In case of any questions and / or safety relevant changes of the experiment (in particular while performing an experiment) I will inform the PSI local contact mentioned above.

**I will instruct the following collaborators:**

Family name, first name	Company / Institute	Arrival date	Arrival time

User Statement	I fully understand that the experiment has to be performed as described in the proposal. Please state additional remarks on the back side or attached sheet. I've read and understand the safety procedures listed above.
----------------	---

My safety provisions for me and others: \_\_\_\_\_

Please provide the document to the PSI local contact. Villigen PSI, \_\_\_\_\_ User signature \_\_\_\_\_

PSI	I've informed the user regarding safety instructions and give permission to start the experiment. Villigen PSI, _____ Signature PSI local contact _____
-----	---



# Safety Declaration - User Facilities PSI-West

The following deviations from the experiment in the proposal will be made:

Essential safety requirements:

Additional remarks:

User Statement