**Safety Declaration - User Facilities PSI**

|  |  |
| --- | --- |
| Proposal ID#: |  |
| Facility / Beamline: | PIF |

**1. Declaration – general part**

I confirm that I have listed all risks that may occur during the experiment during the proposal submission procedure. In particular, I have named the risks that may occur in dealing with the following activities, substances, materials and discussed them with the local contact. For specific questions, the PSI local contact can always consult the respective PSI safety specialist.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mark when appropriate |  | Mark when appropriate |
| Lasers (from class 3B) |  | Chemical hazard |  |
| Nanomaterials |  | Electrical hazard |  |
| Flammable or toxic gases  |  | Biological hazard |  |
| Cryogenic gases |  | Electromagnetic fields |  |
| Radiation  |  | Ethical issues, animal experiments |  |

I have discussed the setup and functionality of the experiment with the local contact. Any substantial deviations from the experiment as described in the proposal are described in section 4. In case of any questions or safety relevant changes in the course of the experiment, I will inform the PSI local contact mentioned below. I am responsible that all people operating user-supplied equipment are properly instructed.

**2. Beamline related instructions**

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

|  |  |
| --- | --- |
|  | Mark the appro-priate instructions |
| Beamline specific emergency procedures and PSYS instructions |  |
| Special safety measures required by working in heights (use of ladders, safety equipment for heights > 2m etc.) |  |
| Escape and rescue routes |  |
| Location and usage of fire extinguishers |  |
| Phone number of local contact |  |
| No allowance for eating, drinking in all PIF premises (please ask operators for allowed locations) |  |
|  |  |

**3. The signatory will instruct the following collaborators:**

|  |  |
| --- | --- |
| Family name, first name | Company / Institute |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**4. Deviations with respect to the proposal**

The following deviations (if any) from the experiment described in the proposal will be made in agreement with the local contact:

**Signatures**

The experiment has to be performed as described in the proposal and section 4. I am instructed and have understood the safety procedures listed above.

 Signatory (User group leader): date, name in print, signature

I have informed the user regarding beamline related instructions mentioned above and gave the permission to start the experiment!

 Local contact: date, name in print, signature