

SALUTE E SICUREZZA IN LABORATORIO  
Rules for lab access

I, the undersigned \_\_\_\_\_  
Ph.D. student n. \_\_\_\_\_

Enrolled in the PhD Programme in Biology at the University of Pisa

REQUEST:

the recognition of the *Certificazione di sicurezza in laboratorio*:

obtained in \_\_\_\_\_ (DD/MM/YYYY)

at \_\_\_\_\_

Date \_\_\_\_\_ (DD/MM/YYYY)

Student's signature:

\_\_\_\_\_

This form is to be sent to [didattica@biologia.unipi.it](mailto:didattica@biologia.unipi.it)

A copy of the certificate and the programme of the activities held, specifying number of hours must  
be attached to the request