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מכון ויצמן למדע  
WEIZMANN INSTITUTE OF SCIENCE

יחידת הבטיחות  
Safety Unit

## Hazard Agents Information Form

Personal Details		
First Name _____	Last Name _____	
Passport/ID No. _____	Email _____	
Start Date at WIS _____	Status <input type="checkbox"/> Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Visiting Scientist <input type="checkbox"/> Employee <input type="checkbox"/> Other	
Department _____	Internal Phone _____	Cellular Phone _____
Health Insurance: <input type="checkbox"/> Clalit <input type="checkbox"/> Maccabi <input type="checkbox"/> Meuhedet <input type="checkbox"/> Other (specify) _____		

Principal Investigator Part: Please mark the relevant information in the table below		
Type/Nature of hazard	Yes	No
Will the above work in a lab?	<input type="checkbox"/>	<input type="checkbox"/>
Will the above work with typical chemical/ biological lab hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Will the above work with <u>ionizing radiation</u> ?	Radioactive materials	<input type="checkbox"/>
	X-ray machines	<input type="checkbox"/>
	Accelerators	<input type="checkbox"/>
Will the above person work with <u>non-ionizing radiation</u> ?	Laser: <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4	<input type="checkbox"/>
	<input type="checkbox"/> NMR <input type="checkbox"/> MRI <input type="checkbox"/> UV	<input type="checkbox"/>
Will the above person work in a harmful noise area?	Above 85 dB (measured)	<input type="checkbox"/>
Does the above person's work involve manual labor?	<input type="checkbox"/>	<input type="checkbox"/>
P.I Name _____ Date _____		

Student/Employee declaration
1. I am obligated to participate in safety trainings, perform medical check-ups as needed, and use personal protective equipment in accordance with the hazard(s) mentioned above.
2. I will notify the safety unit ( <a href="mailto:yaffa.shahar@weizmann.ac.il">yaffa.shahar@weizmann.ac.il</a> ) on any change in the above table of hazards.
3. For those who are not currently working in a lab: I am obligated to notify the safety unit ( <a href="mailto:yaffa.shahar@weizmann.ac.il">yaffa.shahar@weizmann.ac.il</a> ), when I start working in a lab.
Name _____ Date _____ Signature _____