

Information sheet

1) Information:

Name (BLOCK LETTERS):			
Matriculation Number:			
Address:			
Telephone number:			
Status:	<input type="checkbox"/> Bachelor thesis <input type="checkbox"/> Dissertation <input type="checkbox"/> Project staff	<input type="checkbox"/> Master thesis <input type="checkbox"/> Post Doc <input type="checkbox"/> Staff section	
Departement / Section			
Advisor:			
Project name:			
Project description:			
Period:			
Needed resources:			

Erstellung:	QM-Vermerk:	Freigabe:	Ausgabe:	1		
A. Andreatta		A. Andreatta	Datum:	06.11.2025		

2) Equipment and testing machines approved for use

Operating instructions for devices and testing machines are stored on the TVFA website in the Safety section. Special training was carried out on the following devices and machines:

Device:	Description of the activity	Instructed by [Name]/ [Signature] [Date]	Confirmation [Signature]

It should be noted once again that approval for independent use only applies to those application processes of the device or machine that are specifically necessary for the respective experiment (exception: permanent staff of the TVFA).

3) Access regulations

- ☐ Access to the laboratory outside normal operating hours (normal operating hours are defined as those times when the laboratory management or laboratory assistant(s) are present) and on Saturdays, Sundays, and public holidays is not necessary,
- ☐ Access to the laboratory outside normal operating hours (see above) and on Saturdays, Sundays, and public holidays is necessary – the relevant regulations in accordance with the document “General Safety Instructions for Laboratories” must be observed,
- ☐ A laboratory chip with the number. was issued at the office,
- ☐ No lab chip was issued,
- ☐ There is a chip with the number.....present.

4) Applicant's declaration

By signing this document, I confirm that

- I acknowledge and will comply with the regulations set out in the information sheet,
- I have read and understood the contents of the “General Laboratory Safety Instructions” and will comply with all the regulations set out therein,
- I will always carry my ID card issued to me in the TVFA laboratory and will return it at the end of my work,
- I undertake to carry out special training for the machines and equipment to be used (see Chapter 2 in this document),
- I am aware that a gross violation of the regulations may result in expulsion from the laboratory. The decision on this is at the discretion of the laboratory manager.

Date: _____

Signature: _____

(applicant)

5) Access authorization

It is hereby confirmed that the applicant has successfully passed the knowledge test on “General Laboratory Safety Training.”

Date: _____

Signature: _____

(Head of Laboratory)