



Safety Correspondent

Appointment of a Safety Correspondent from a collaborating institute

This appointment form implements the instructions for the safety correspondent set out in the document **“Responsibilities of the Home Institution, the CERN Team Leader and the Safety Correspondent”**

http://usersoffice.web.cern.ch/sites/usersoffice.web.cern.ch/files/pdf/Home_Inst_CERN_TL_SC_Responsibilities.pdf hereinafter “the document”.

This form shall be used for the appointment or change of appointment of the Safety correspondent. The appointment of a Safety correspondent shall be valid for as long as the appointed person fulfils all conditions required for his/her function and for a maximum of 5 years. The appointment is renewable. Upon expiry of the validity of the Safety correspondents' appointment, the Institution shall forthwith appoint a new person. Each newly provided form replaces the previous one. The nomination of one safety correspondent per institute is mandatory. Additional safety correspondents may be appointed.

To be completed by an authorized representative of the collaborating institution

Institution

Full name (name as used for scientific publications)

Town

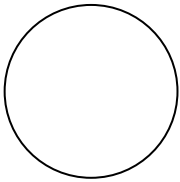
Country

Authorised
representative

Name

First name

Position held in the Institution (e.g. Head of Department/Head of Administration)



I acknowledge the Institutes' responsibilities and the responsibilities of the Safety Correspondent, as described in the document, and hereby appoint the person(s) mentioned below to act on behalf of the Institution in the indicated roles. If applicable, this appointment cancels and replaces any previous appointments.

Date

Signature of the representative

**1st Safety
Correspondent**

Start Date: _____

mandatory

Name

First name

CERN Id

I acknowledge the responsibilities of the Safety Correspondent as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the Safety Correspondent

**2nd Safety
Correspondent**

Start Date: _____

optional

Name

First name

CERN Id

I acknowledge the responsibilities of the Safety Correspondent as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the Safety Correspondent

**3rd Safety
Correspondent**

Start Date: _____

optional

Name

First name

CERN Id

I acknowledge the responsibilities of the Safety Correspondent as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the Safety Correspondent

If you want to nominate more than 3 safety correspondents, please attach an additional appointment of Safety correspondent form.

Please send this document to users.office@cern.ch