



Safety Correspondent

Appointment of a Safety Correspondent from a collaborating institute

This appointment form implements the instructions provided to Safety Correspondents in the document entitled "**Responsibilities of the Home Institution, the CERN Team Leader and the Safety Correspondent** :

https://usersoffice.web.cern.ch/sites/default/files/pdf/Team%20Leaders/Home_Inst_CERN_TL_SC_Responsibilities.pdf

This form shall be used for the appointment or change of appointment of the Safety Correspondent. The appointment shall be valid for a maximum of 5 years and for as long as the appointed person fulfils all conditions required for the function. The appointment is renewable. Upon expiry of the validity of the appointment, the Institution shall forthwith appoint a new Safety Correspondent.

Each form provided replaces the previous one. The appointment of **at least one** Safety Correspondent per institute is mandatory.

To be completed by an authorized representative of the collaborating institution

Institution

Full name (name as used for scientific publications)

Town

Country

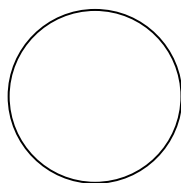
Authorised
representative

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 forward this form to the Users Office.