

<i>Dokumentnamn:</i>	<i>Dok.nr:</i>	<i>Sida (av)</i>
Säkerhetsrutiner för fältarbete	SLU-1652	52 (53)

## Annex 7. Certificate stating you have received information regarding “Fieldwork safety regulations and procedures at the Faculty of Forest Sciences”

I, (name)....., hereby confirm that I have read and fully understood the contents of the Fieldwork safety guidelines and procedures (please tick the box)

I have completed my driving tuition and passed my driving test in accordance with Swedish law and currently hold a valid driving licence that allows me to drive or handle the following vehicle(s)/machinery:

- Passenger car (Category B licence or equivalent for driving a passenger car in accordance with Swedish law).....
- If you have more than a basic category B licence for driving a passenger car/bus/lorry, please specify which one here (BE, C1, C1E, C, CE, D1, D1E, D, E).....
- Powersaw.....
- Clearingsaw.....
- Four-wheeler .....
- Snowmobile.....
- Other, please specify:.....

As an employee, you are obliged to inform your supervisor if you have a medical condition and/or allergy/hypersensitivity that may affect your ability to carry out certain work tasks.

I have informed my supervisor and colleagues of any medical conditions that I have, such as diabetes, epilepsy, etc. and recognise that I am personally responsible for always making sure that I have the medication I need readily at hand.....

I have informed my supervisor and colleagues of any allergies or hypersensitivity that I may have and recognise that I am personally responsible for making sure that I have the medication I need readily at hand.....

To enable us to quickly contact your next of kin/preferred contact in case of an accident or emergency, please fill in the details below. To be able to quickly reach the next of kin / other contact person in the event of accident or crisis, please fill in a contact person below. According to the GDPR, the specified person must be informed that they are the contact person. Your supervisor or equivalent will therefore send an email to your contact person to provide them with this information.

Name, telephone number and email address of the next of kin / contact person:

.....

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the person that will work in the field