



Scholar/ student (*) /intern statement – in the issue of safety and occupational health

I hereby confirm that I scholar/ student/ intern, Surname _____ Family name: _____.
Willingly participating in the research activity in the Agricultural Research Organization Volcani
Institute / any other Institute related,
Site: _____. Institute: _____. Department: _____.

I hereby confirm that I was briefed, instructed, and informed by my direct instructor on matters of
safety and occupational health procedures. Before I have started any research activity in the
mentioned above.

Instructor surname: _____. Family name: _____. Title: _____.

During the safety briefing I was informed on the subjects relevant to the study that I will take part in and
subjects as mentioned below

- A. Detailed information about the research location and procedures.
- B. Detailed explanations of the risks that are relevant to the processes tasks and assignments that I will
perform during the research. Including the risks involves operating facilities use of equipment instruments
and materials that are relevant to the research and the protective measures relevant to those risks.
- C. Detailed explanations about the occupational health and safety measures that exist in the research
site and the protective equipment that I am obligated to use to minimize and prevent any work
accidents, occupational disease, or harm to property or the environment.
- D. Detailed explanation about the relevant behavior regarding emergencies (scenarios - events and
reactions).

Furthermore, I hereby confirm that they've received the instructions about the procedures relevant to
safety occupational health, relevant to the research including safety procedure number 8.2 +
procedure number 8.1 I've understood the relevant procedures and I will apply and act by those
procedures.

Furthermore, I am obligated to any regulation requirement of safety and occupational health and for
example: "The order of work safety revisited 1970", "The law off work regulation 1954",
"Work safety regulations, safety and occupational health in the work with hazard factors in medical
laboratories, chemistry and biology 2001", "Work safety regulation personal protective equipment
1997", "Dangerous materials law 1993", "General conditions to poison permits off the Ministry of
Environmental Protection".

Scholar/student/intern, Surname and family name: _____.

ID number/ passport number: _____.

Scholar/student/intern signature: _____. Date: _____.

Instructor Surname and family name: _____. Title: _____.

Instructor signature: _____. Date: _____.

Institute Safety trustee Surname and family name: _____.

Institute Safety trustee signature: _____. Date: _____.

(*) This form must be filled before any participant in the research by the scholar, student or intern

(*) This form isn't relevant for students who are workers at the agricultural center as state workers