[](http://www.i-med.ac.at/universitaet/)

Mr. Rector  
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| Contact | E-Mail | Phone | GZL Date |  |  |  |  |
|  |  |  | 17.10.2019 |  |  |  |  |

**Poison**

**Request for confirmation**

Herewith, the head of the organizational unit requests that the following persons be authorized to authorize poisons in accordance with the Chemicals Act iVm. to obtain a poison ordinance.  
Evidence of a first-aid training according to § 5 of the Poison Ordinance of the persons to be authorized is enclosed.  
☐ 16-hour training  
☐ 8-hour training  
☐ equivalent training  
  
Name of the organizational unit:

Persons authorized to receive the poison:

Information to the person entrusted with occupational safety / safety representative /

safety guard:

Name of the poisons:

Justification of the need:

☐ One-time purchase - quantity specification  
☐ Continuous purchase

Date: Stamp and signature OE- the leader: