**COMPANY DECLARATION OF COMPLIANCE WITH RISK PREVENTION REQUIREMENTS CONSEQUENCE OF THE HEALTH ALARM SITUATION CAUSED BY COVID-19 IN RELATION TO THE EDUCATIONAL COOPERATION AGREEMENTS**

Name of the Institution/Organism/Company

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , with ID \_\_\_\_\_\_\_\_\_\_\_\_\_ as the legal representative of the Institution/Body/Company, accredits by means of this document that it complies with the legal requirements specified in Royal Decree 592/2014, of 11 July, which regulates the external academic internships of university students and in particular the provisions of the Articles 9.1f), 9.2.c) and 9.2.d).

I **C E R T I F Y** :

That the students listed in the appendix have been authorized to carry out the training tasks in person at the company's facilities.

That the institution I represent meets the requirements required by occupational risk prevention regulations and that it has taken appropriate measures to address the risks arising from the health alert for COVID-19, including those of interns.

That it will inform and train the students listed in the appendix who carry out internships at their facilities, prior to reinstatement, on the risks inherent in their activity and on the protection measures to be adopted, and specifically those recommendations of health authorities related to COVID-19.

That it will provide students with the appropriate protective equipment for the task to be performed, as well as the necessary materials to deal with the risks arising from the health alert situation caused by the COVID-19.

That in no case will be able to incorporate the face-to-face training the students that:

1. present symptoms compatible with COVID-19
2. they live or have been in contact for the last 14 days with people who have symptoms, until the end of the safety period recommended by the health authorities.
3. belong to any of the groups vulnerable to COVID-19 established by the Ministry of Health (mainly people over 60, people with cardiovascular disease, including hypertension, chronic lung disease, diabetes, chronic kidney failure, immunodeficiencies, cancer with active treatment, severe liver disease, morbid obesity (BMI> 40) and pregnant women)

That it is in a position to document all the information provided in this declaration to the Universitat Politècnica de Catalunya and that it agrees to update it in the event of variations.

And for the record, I sign this certificate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic signature

**Appendix**

LIST OF STUDENTS THAT WILL DO THE INTERNSHIP AT THE COMPANY/INSTITUTION

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| --- | --- | --- | --- |
| NAME | SURNAMES | ID | REFERENCE AGREEMENT FOR EDUCATIONAL COOPERATION  |
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All information processed in the management of preventive coordination will always be treated in compliance with personal data protection legislation.