

Application for permission for continuous operation of computer technology

Inventory number: located in room number:

Name and surname of the employee responsible for the VT operation:

Reason for continuous VT operation:

Declaration of the applicant

I confirm that I am familiar with the provisions of the Directive of the Dean of FI number 1/2020 "Operating Regulations of the Botanická 68a Campus". I am aware of the risks associated with the continuous operation of the VT and the need to comply with the measures against the occurrence of fire in the workplace.

In Brno on.....
signature of the applicant

Statement of the head of the department:

In Brno on
signature of the head of the department

Statement by the FI Secretary:

In Brno on
Secretary's signature