

Laser Authorisation Form

Department of Chemistry

Personal Details

| | | |
|--|-----------------------|---------|
| Forename (First name) | Surname (family name) | |
| Office room number | Telephone | e-mail: |
| Research supervisor or research group | | |
| Other Departments where work with lasers will be carried out if applicable | | |

Information about the laser(s) you will be using (please fill in this form for each room)

| | |
|--|------------------------------------|
| Room number where laser system is located | |
| Type of Laser(s) | |
| Wavelength(s) | |
| Laser Classification(s) | |
| CW or Pulsed | |
| Power or Energy | |
| Brief description of the laser application | |
| Has a risk assessment been completed? | Please state where this is located |
| Is there a local rules document? | Please state where this is located |

Training and Experience

Enter ✓ against any training attended/completed

| | |
|---|----------------|
| October course for newly registered students? | Date attended |
| University Health and Safety Division course for Class 3B and 4 laser users? | Date attended |
| In-lab training completed? (Attach copy of the checklist of main points covered) | Date completed |
| Other required training completed? (E.g. training by laser manufacturer)? | Date completed |
| Relevant previous experience | |

Laser user's declaration

I have read

section A of the University guidance booklet 'Safe Use of Lasers' and agree to abide by the rules therein

I have read and agree to abide by the Departmental rules

I have read and agree to abide by the local rules and procedures for the laser(s) I will be using

| | |
|--------|------|
| Signed | Date |
|--------|------|

This person has had sufficient training and is authorised to use the laser specified above or is working under direct supervision pending further training (strike out whichever does not apply)

| | | |
|--|--------|------|
| Authorisation by Research Supervisor/ Line Manager | Signed | Date |
|--|--------|------|

Please send a copy of this form to Tina Jost, M22 as soon as a new user is able to make a declaration about the rules.

The training and competence requirements are for the Supervisor to manage.

An eye test is not required but you may contact [Occupational Health](#) ext 36594 if you have any concerns.