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| Transfer of Control Form (Lasers) |

Complete this Transfer of Control Form when control of a location is being given to a third party for. for maintenance, repair, servicing or training/demonstration; and the normal laser safety controls are being altered to enable the activity to be carried out.

Example scenario: direct access to a compartment containing a Class 3B or 4 laser that is not part of normal operation for university workers but is required to achieve a repair by a service engineer.

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| **Location for which transfer of control is being given** (building and room number): |  |

**Prior to work beginning:**

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| ***To be completed by the third party*** | | |
| I have supplied a risk assessment and method statement for the work and agree to take control of the location restricting access as required for the duration of my work on the equipment. | | |
| **Name:** | **Company:** | **Signature:** |
| **Role:** | | **Time & Date:** |
| ***To be completed by the Responsible Person (e.g. PI/lab manager) on behalf of the university*** | | |
| I have reviewed the risk assessments and method statement provided by the third party and am satisfied that suitable controls are in place to restrict exposure to non-ionising radiation and/or injury from experimental non-beam hazards.  The university transfers control of the location to the third party named above. | | |
| Summary of controls to prevent inadvertent exposure to non-ionising radiation and non-beam hazards, e.g. signage / instructions to university personnel: | | |
|  | | |
| **Name:** | **UoN section/ department:** | **Role:** |
| **Signature:** | **Time & Date of Transfer:** | |

**Following the completion of the work**

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| ***To be completed by the third party*** | | | | |
| I have reinstated the safety controls, returned the area to a safe state, and return control of the area back to the University. | | | | |
| **Name:** | **Signature:** | | **Time & Date:** | |
| ***To be completed by the Responsible Person (PI) on behalf of the university*** | | | | |
| I accept back control of the location and confirm the safety controls for normal operations are in place as they should be for university personnel to continue working. | | | | |
| **Name:** | | **Signature:** | | **Time & Date:** |