#### Laser User Registration Form

**Notes**:

1. The use of lasers in research poses a number of serious safety hazards. The purpose of the registration procedure is to ensure that you have received full information and instruction on these hazards and the procedures necessary to control them. This is to ensure **your** safety. This form should be completed with help and guidance from your Supervisor who will usually also be designated the person "responsible" for the laser(s) you will be using.
2. **All users of lasers in classes 3R, 3B and 4 must be registered using this form prior to the commencement of the laser work**. When all parts have been completed sign and date the form and return itto the School Laser Supervisor.
3. **Training**: An on-line (MOODLE) introductory laser safety course, aimed at users of Class 3B and 4 laser systems is available at: <http://moodle.nottingham.ac.uk/course/view.php?id=21261>. All new users are expected to have completed this (certificate available on successful completion of a short test) prior to commencing any laser work at the University.

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| --- |
| **Registration Details** (Please use block capitals) |
| name and title  |  |
| school (and division) |  |
| status (ug, pg, RA, etc.) |  |
| Academic supervisor / PI |  |
| supervisor responsible for laser(s) if different to above |  |
| type & class of laser(s) |  |
| Location of laser(s): room, building, site |  |

### **Checklist** (tick boxes as appropriate)

|  |  |
| --- | --- |
|  | **I have completed the MOODLE laser safety course (certificate provided to my supervisor/school laser supervisor). Date:**  |
|  | **My supervisor has discussed specific safety issues and instructions, including training and /or supervisory requirements related to my laser work with me.**  |
|  | **I have read and understood the risk assessments and written procedures that are relevant to the laser(s) I will be working with and I understand the eye and skin protection required as a result of the relevant MPE calculations.** |
|  | **I understand access restrictions in Designated Laser Areas and the operation of the laboratory door interlocks** |
|  | **I know the location and capabilities of laser safety equipment (goggles, beam dumps, gloves *etc*) in my laboratory** |
|  | **I understand the procedure to follow if I suffer, or suspect I have suffered, a laser-related eye injury.** |
|  | ***(Undergraduates only)* I have read, understood and signed a copy of the "Approved Scheme of Work" my supervisor has written for this project. *NB Please retain a copy yourself and attach one copy to this form*** |
|  | ***(Postgraduate only)* My "Project Supervisory Requirements Form" / training record has been updated and carries entries of risk assessments associated with my use of lasers** |

**Eye-health: for note by prospective users of Class 3B or 4 Lasers**

There is no statutory requirement to carry out medical surveillance for workers operating Class 3B or 4 lasers. If you have concerns regarding your eye health, perhaps because of existing conditions (e.g. cataracts, macular degeneration, hyper-sensitivity to light, pterygium, retinitis pigmentosa) or a previous laser-related eye injury, obtain advice from your GP in the first instance and if still concerned, notify your supervisor who can then refer your details to Occupational Health for review.

([OH Referral Form](http://www.nottingham.ac.uk/hr/guidesandsupport/healthandwellbeing/occupational-health/occupational-health.aspx): send to Occupational Health, Lenton Hurst, University Park Campus, NG7 2RD.)

 **Signatures**

|  |  |  |
| --- | --- | --- |
| Laser User, Name | Signature | Date |
|  |  |  |
| PI/Supervisor, Name | Signature | Date |
|  |  |  |
| School Laser Supervisor, Name | Signature | Date |
|  |  |  |