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| Laser Registration Form |
| Complete this form for all Class 3R, 3B and 4 lasers and submit to the Local Laser Safety Officer who will forward a copy to the UoN Safety Office. Complete for new acquisitions, changes of use and taking out of use/disposal.  |
| **Laser Details** (Please use block capitals) |
| Make and Model |  |
| Type |  |
| Power and Class |  |
| Wavelength |  |
| Serial Number |  |
| Faculty/School/Department/Division |  |
| Location of laser(s) - room, building, campus |  |
| **Laser is a new acquisition? Yes (complete A) / No (complete B) delete as appropriate** |
| A | Anticipated date of first use |  |
| Outline work to be undertaken and status of people involves (UG, PG, PD, RA etc.) |  |
| For class 3B/4: |  |
| * Laser survey attached?
 | Yes / No (if no, explain) |
| * Risk assessment attached?
 | Yes / No (if no, explain) |
| B | Give details on any changes relating to the use or status of the laser. |  |
| UoN Ref No.  |  |
| **Signatures** |
| Proposer (Academic Supervisor/ Principal Investigator) responsible for work with the laser system |
| Name: | Signature: | Date: |
| Local Laser Safety Officer acknowledging receipt (forwarding to University Safety Office if Class 3R or above) |
| Name: | Signature: | Date: |