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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: |