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| Laser User Registration Form | |
| **Notes to new Laser Users**   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 (Principal Investigator) 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 Local Laser Safety Officer. 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 prior to commencing any laser work at the University and you will be asked to evidence this by submitting the certificate that is available on successful completion of the validation test). 4. **Eye-health:** 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:* [*https://www.nottingham.ac.uk/hr/guidesandsupport/healthandwellbeing/occupational-health/occupational-health.aspx*](https://www.nottingham.ac.uk/hr/guidesandsupport/healthandwellbeing/occupational-health/occupational-health.aspx)*)* | |
| **Registration Details** (Please use block capitals) | |
| Name and Title |  |
| Faculty/School/Research Group |  |
| Status (UG, PG, RA, PD etc.) |  |
| Academic Supervisor / Principal Investigator |  |
| Supervisor responsible for laser(s) if different to above |  |
| Type and Class of laser(s) |  |
| Location of laser(s) (room, building, site) |  |

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| **Checklist (tick boxes as appropriate)** | |
|  | I have completed the MOODLE laser safety course (certificate provided to my academic supervisor / local Laser Safety Officer). 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 control measures that must be implemented, including any 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 and any equipment-related interlocks (e.g. on laser compartments). |
|  | I know the location and capabilities of laser safety equipment (beam stops, moveable shielding, laser eye protection, gloves, etc.) in the 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 training record (e.g. project supervisory requirements form) has been updated with my level of competency and /or the supervision I require. |

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| **Signatures** | | |
| **Laser User** | | |
| Name | Signature | Date |
| **Principal Investigator / Academic Supervisor** | | |
| I will ensure there are suitable and sufficient risk assessments and written procedures in place relating to the laser work this user will undertake and I will ensure appropriate training and supervision are in place relevant to this user’s competency. I, or a competent individual appointed by me, will continue to monitor the health and safety of this user’s laser work and will ensure their training/competency record is kept up to date. | | |
| Name | Signature | Date |
| **Laser Safety Officer** |  |  |
| Name | Signature | Date |