

# Laser User Authorisation Form

Dept of Engineering

## Personal Details

Name:	
Email:	Telephone:
Research supervisor and research group	
Location of experiment:	Status (student, postdoc etc):

## Information about the laser(s) you will be using

Type of Laser:	
Wavelength:	CUED Reference No:
Laser Classification:	CW or Pulsed:
Power or Energy	
Brief description of the laser application:	
Has a risk assessment been completed?	
Is there a local rules document?	

## Training and Experience (tick when completed)

Induction course for newly registered students/RAs		Date attended:
University Health and Safety Division course for Class 3B and 4 laser users? (Or <u>equivalent</u> course)		Date attended:
In-lab training completed? (Attach copy of checklist/list of main points covered)		Date completed:
Other required training completed? (E.g. training by laser manufacturer)?		Date completed:

## Laser user's declaration

*I have read section A of the University guidance booklet 'Safe Use of Lasers' and agree to abide by the rules therein*

*I have read and agree to abide by any Engineering Department rules*

*I have read and agree to abide by the local rules and procedures for the laser(s) I will be using*

Signed	Date:
Signature of Research Supervisor/ Line Manager	Date:

**Authorisation for laser work is not given until this form is completed to the Engineering Department LSO's satisfaction.**

Signature of CUED LSO (Dr TD Wilkinson)	Date:
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