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| BangorLogoRGB-1 | **LF2: LASER WORKER REGISTRATION FORM - CLASS 3B / 4** |
|  | The Supervisor must return this Form **before** work with lasers commences to the Laser Safety Officer (LSO), so workers can be added to the Laser Worker Register. Laser Workers must sign the ‘Declaration’. Authorization relates only to the laser installation listed. |

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| **Laser Worker** | *Title* | *Forename* | | | | *Surname* | | | | |
| **School / Service** |  | | | | | | | | | |
| **Location of Laser** |  | | | | | | | | | |
| **Laser Type & Class** |  | | | | | | | | | |
| **Commencing Date** |  | | | | **Expiry Date** | | |  | | |
| **Staff / Student Category** | Academic Staff | | 🞏 | Research Staff | | | 🞏 | | Technical Staff | 🞏 |
| Postgraduate | | 🞏 | Other | | | 🞏 | | *Specify* |  |

**Laser Worker Declaration** *(MUST be signed before any work with laser commences)*

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| ***Tick*** |  |
|  | The Supervisor has discussed specific safety issues and instructions, including training and supervisory requirements related to my laser work |
|  | I have read and understood the Risk Assessments, Safe Operating Procedures and Local Rules that are relevant to the laser(s) I will be working with |
|  | I understand the control measures that must be implemented, including any specific eye and skin protection for laser Class |
|  | I understand access restrictions in Designated Laser Areas and the operation of the laboratory door interlocks and any equipment-related interlocks and enclosures (e.g. on laser compartments) |
|  | I know the location and capabilities of laser safety equipment (beam stops, moveable shielding, enclosures, laser eye protection, gloves, etc.) in the laboratory |
|  | I understand I must not interfere with, or mis-use lasers and systems put in place to protect against exposure to lasers. This includes never overriding or intentionally not using interlocks, enclosures. |
|  | I understand the procedure to follow if I suffer, or suspect I have suffered, a laser-related eye injury |

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| **Laser Worker** | | |
| **Name** | **Signature** | **Date** |

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| **Supervisor** | | |
| *I will ensure suitable and sufficient arrangements are in place to ensure the health and safety of the Laser Worker. This includes Risk Assessments, Local Rules, Safe Operating Procedures, training and supervision.* | | |
| **Name** | **Signature** | **Date** |

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| **Laser Safety Officer** | | |
| **Name** | **Signature** | **Date** |