**LF3 Form  
CHANGES TO Laser Workers   
AND / OR CESSATION OF LASER USE**

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| **School/Service** |  |

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| **Supervisor’s Confirmation** | |
| **Name** |  |
| **Signed / Date** |  |

The following changes are to be made:

1. Laser Worker(s) will be ceasing laser work (or leaving the University) on the date shown and should be removed from the Register of Laser Workers.
2. Laser will be removed from service and should be removed from the Laser Register.

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| **Name of Person and / or Laser Details** | **Date** |
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