

## Laser Registration Form

Complete this form for all new acquisitions of lasers and existing lasers where there is a change of use or where it is taken out of use. This is applicable for all classes of laser, with the exception of embedded lasers in products such as laser printers, CD or DVD players. Completion of this form will enable the School/Department and the University maintain an up-to-date register of lasers and users (where relevant).

The completed form should be returned to Dr Peter Wallace (GCU Laser Safety Advisor) via email [P.Wallace@gcu.ac.uk](mailto:P.Wallace@gcu.ac.uk) and a copy emailed to [healthandsafety@gcu.ac.uk](mailto:healthandsafety@gcu.ac.uk)

**Laser Details:**

Make and model……………………………………………………………………………………………………..

Serial No ….………………………… Hazard Class (1-4 or I-IV) …………………………

Power ……………………………………………………… Wavelength ………………………………………… Type (Open Beam or Embedded) .……………………………….…

Open beam alignment required (Yes/No) ……………………………….

Location (state building and room)

### Laser is a new acquisition? Yes (complete A) / No (complete B) \*

### A Anticipated date of first use

………………………………………………………………………………………………..……………………

### Outline work to be undertaken & record the names and status of people involved (undergraduate, postgraduate, staff) in section C. Please note if the work involves deliberate exposure of human or animal subjects.

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For Class 3B or 4 laser: Risk assessment attached? Yes / No \*

**B** Give details on any changes relating to the useof the laser or if it is to be taken out of use. Please record any relevant laser user details in section C.

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**C Laser User Registration**

This should be completed for users ofClass 3 or 4 lasers and persons who could or are going to modify Class 1M or 2M devices.

Against each name, please tick the appropriate column

|  |  |  |
| --- | --- | --- |
| **Name** | **Add new user**  (ie. | **Remove user**  (ie. laser being taken out of use, person left) |
|  |  |  |
|  |  |  |
|  |  |  |

\* delete as appropriate

#### School/Department details:

School (& Department if applicable) …………………………………………………………………………

Proposer (Academic Supervisor/ Principle Investigator) responsible for work with the laser:

Name ……………………………….. Signature …………………………………. Date ………….……….

School/Department Laser Safety Officer (where applicable)

Name ……………………………….. Signature …………………….…………… Date …………………...

University Laser Safety Advisor

Name ……………………………….. Signature …………………….…………… Date …………………...