|  |  |
| --- | --- |
| **LASER REGISTRATION FORM** | U:\VCO\Marketing and Communications\Branding 2016 - Stationery and Logos\Logo - PNG\UoG_CMYK.png |

# **Complete this form for all Class 3R (formally 3A), 3B and 4 lasers and submit to the Laser Safety Supervisor who should forward a copy to the University Laser Safety Adviser. Complete for new acquisitions, changes of use and taking out of use.**

***PLEASE PRINT CLEARLY***

**Laser Details:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Make and model:** | | | |  |  | **Type:** |  | | |
| **Power:** |  | | | |  | **Class:** |  | | |
| **Wavelength:** | |  | | |  | **Serial No:** | |  | |
| **Location, Room** | | |  | |  | **Building, Campus:** | | |  |
|  | |  | | |  |  |  | | |

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

|  |  |
| --- | --- |
| **A** | Anticipated date of first use: |
|  |  |
|  | Outline work to be undertaken & status of people involved (undergrad, postgrad, staff) |
|  |  |
|  |  |
|  |  |
|  |  |
|  | For Class 3R, 3B or 4 laser: Laser survey form attached? Yes/No\* |
|  | Risk Assessment attached? Yes/No\* |
| **B** | Give details on any changes relating to the use of the laser or if it is to be taken out of use |
|  |  |
|  |  |
|  |  |

**\*** delete as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty/Directorate/Office (& Department if applicable)** | | | | | |
| **Proposer (Academic Supervisor/Project Leader) responsible for work with the laser:** | | | | | |
| Name |  | Signature |  | Date |  |
| **Laser Safety Supervisor** | | | | | |
| Name |  | Signature |  | Date |  |