

Laser User Authorisation Form

Dept of Engineering

Personal Details

Name:	
Email:	Telephone:
Research supervisor and research group	
Other Departments where work with lasers will be carried out if applicable	

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?	CUED reference:
Is there a local rules document?	CUED reference:

Training and Experience (tick when completed)

Laser eye-test (please include return slip with this form)	Date tested:
Induction course for newly registered students/RAs	Date attended:
University Health and Safety Division course for Class 3B and 4 laser users? (Or equivalent 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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