



**UNIVERSITY OF  
CAMBRIDGE**

DAMTP GKB Laboratory



## Laser Authorisation Form 4

Dept Reference Number: LA

Version: LA4-2019

Name
Research supervisor or research group
Department
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	
Laser Classification	
CW or Pulsed	
Power or Energy	
Brief description of the laser application	
Has a risk assessment been completed?	Departmental reference number
Is there a local rules document?	Departmental reference number

### Training and Experience

Enter ✓ against any training attended/completed

October course for newly registered students?	Date attended
University Safety Office course for Class 3B and 4 laser users? (Or <u>equivalent</u> course) (Attach copy of certificate)	Date attended
In-lab training completed? (See overleaf)	Date completed
Other required training completed? (E.g. training by laser manufacturer)?	Date completed
Relevant previous experience	

### 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 departmental rules  
I have read and agree to abide by the local rules and procedures for the laser(s) I will be using*

Signed	Date
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Signature of Research Supervisor/ Line Manager	Date
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Authorisation for laser work is not given until this form is completed to the Departmental LSO's satisfaction.

Signature of LSO	Date
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**DAMTP LASER USERS  
IN-LAB TRAINING CHECKLIST**

TRAINING CONTENT	TRAINER	DATE	✓
Has the keybox system of key control and blue flashing warning light been explained?			
Have the laser warning signs been explained?			
Have the interlocks, tape barriers and laser enclosures been explained?			
Has the power supply cut-off button been located and explained?			
Are suitable and sufficient laser safety glasses available?			
Have Local User Rules for the particular laser been provided and explained?			
Have the instructions for operating the laser been adequately explained?			
Have the hazards of the laser been fully explained?			
Have emergency eye injury procedures been explained?			

NAME	SIGNATURE	DATE
Laser User:		
Trainer(s):		