



**UNIVERSITY OF  
CAMBRIDGE**  
DAMTP GKB Laboratory



**Laser  
Risk Assessment Form 3**

Dept Reference Number: LRA

Version: LRA3-2019

<b>Brief outline of work/activity:</b>	
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<b>Location:</b>	
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<b>Laser Equipment</b>	Class: Make/Model: CW or Pulsed? Power: Wavelength(s):
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<b>Local User Rules document?</b>	
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<b>Significant hazards:</b>	
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<b>Who might be exposed to the hazards:</b>	
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<b>Existing control measures:</b>  <b>Specify laser safety glasses.</b>	
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**Provide a sketch of the beam path, indicating 'x' times MPE and any sections of open beam.**

Are risks adequately controlled?:  YES / NO

<b>If NO, list additional controls and actions required:</b>	<b>Additional controls:</b>	<b>Action by:</b>

<b>Completed by:</b>	.....	.....	.....
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

<b>Supervisor:</b>	.....	.....	.....
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

<b>Laser Safety Officer:</b>	.....	.....	.....
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

<b>Dates of review:</b>				
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