

Laser Safety Management Form LS1

Notification of new laser activity

or significant change in laser activity

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| School / Department or Research Institute:  |  |
| Location (Room no, floor etc.): |  |
| Name of Activity: |  |
| Details of activity or changes: |  |
| Lasers used (include LabCup reference, serial no, class, power/energy, wavelength etc.): |  |
| Authorised users:  |  |
| Completed by: |  |
| Date |  |

Signature:

|  |  |
| --- | --- |
| Principle Investigator / Research Supervisor |  |