

Laser Safety Management Form LS3

Laser user induction and training checklist

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| --- | --- |
| Laser User Name: |  |
| School/Department/Institute: |  |
| Person(s) responsible for training: |  |
| Supervisor/Line manager: |  |
| Lasers to be used (including laser class, type and location): |  |

It is essential that the checklist below is **completed before the user is permitted to use the laser**

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Date | Signed by Laser User | Signed by Principal Investigator / Research Supervisor |
| Booked or attended Laser Safety Training session |  |  |  |
| Read and understood laboratory risk assessments, and standard operating procedures/Schemes of work. |  |  |  |
| Introduced to the laser equipment used and discussed any specific safety issues. |  |  |  |
| Explained laser safety eyewear selection and limitations (if appropriate) |  |  |  |
| Demonstrated standard experimental tasks |  |  |  |
| Performed tasks under supervision until understood and considered safe by both parties |  |  |  |