Laser Safety Management Form LS2

Notification of new/newly acquired laser or laser for disposal

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| --- | --- |
| School / Department or Research Institute  |  |
| Location (Room no, floor etc.): |  |
| Name of Activity: |  |
| Laser Manufacturer |  |
| Laser Model (Type and S/N) |  |
| Active Medium |  |
| Details of Laser (power/energy, wavelength etc.): |  |
| Details of Control Methods |  |
| Authorised users: |  |
| Completed by: |  |
| Date |  |

Signature:

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