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| Laser Survey Form | | | | | | | | | | | | | | | | | | | | |
| A Laser Survey is to be completed (preferably electronically) by the local Laser Safety Officer for all experimental set-ups involving Class 3R, 3B, and/or 4 lasers, before being put into use for the first time. If there are multiple lasers within a given experiment, it is expected that this form will be completed for the whole experiment and not for individual lasers.Prior to the laser survey being completed, each laser within the experiment should be registered with the university H&S Department through the online registration form, and confirmation of registration should have been received.A new survey should be completed at least yearly, or upon any changes to the experiment, such as new lasers introduced, lasers replaced or changed, or the experiment is rearranged significantly. | | | | | | | | | | | | | | | | | | | | |
| **L Number(s):** | Click or tap here to enter text. | | | | | | **Date:** | | | | | Click or tap here to enter text. | | | | | | | | |
| **Faculty/School:** | Click or tap here to enter text. | | | | | | **Building/Room:** | | | | | Click or tap here to enter text. | | | | | | | | |
| **Experiment Summary:** | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Physical / Engineering Controls: | | | | | | | | | | | | | | | | | | | | |
| **Precautions**  **(present, working, and suitable)** | | **Class in** **[Standard Use](#nonstandard" \o "Standard use covers the day-to-day operations of the experiment or any activities that are frequently undertaken (more than twice a month).)**  **(everyday operations)**  **(please select class below)** | | | | | | | | | | **Class in** [**Non-Standard Use**](#nonstandard)  **Check if not applicable**  **(please select class below)** | | | | | | | | |
| **1/1M** | | **2/2M** | | **3R** | | | **3B** | | **4** | **1/1M** | | **2/2M** | | **3R** | | **3B** | | **4** |
| **From the dropdown boxes, please tick (**✔**) one box for each control confirming that a precaution is in place and is suitable and sufficient, or (*N*) if a precaution is not required. Please indicate (✗) where a control has not been implemented, and/or improvement is required (add to Recommended Actions section below).** | | | | | | | | | | | | | | | | | | |
| **X** = Not Required for given class of laser system, but you may still select controls if they bring an activity down to selected level. | | | | | | | | | | | | | | | | | | |
| Emission indicator | | **X *-*** | **X *-*** | | **X *-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | **X *-*** | | ***-*** | | ***-*** | |
| Remote Interlock | | **X *-*** | **X *-*** | | **X *-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | **X *-*** | | ***-*** | | ***-*** | |
| Key Control(s) | | **X *-*** | **X *-*** | | **X *-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | **X *-*** | | ***-*** | | ***-*** | |
| Beam Shutter(s) | | **X *-*** | **X *-*** | | **X *-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | **X *-*** | | ***-*** | | ***-*** | |
| Beam Stop(s) | | **X *-*** | **X *-*** | | ***-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | ***-*** | | ***-*** | | ***-*** | |
| Secured optical components where possible, and beam path controlled. | | **X *-*** | **X *-*** | | ***-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | ***-*** | | ***-*** | | ***-*** | |
| Beam Enclosure (enclosed as much as possible, suitable shielding material, secured, interlocked where possible, flight tubes, etc.) | | **X *-*** | **X *-*** | | ***-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | ***-*** | | ***-*** | | ***-*** | |
| Beam Alignment aides (Cameras, external adjustors, etc.) | | **X *-*** | **X *-*** | | ***-*** | | | ***-*** | | ***-*** | | **X *-*** | **X *-*** | | ***-*** | | ***-*** | | ***-*** | |
| Non-beam hazards controlled  (Fire, Chemical, Water, Electrical, etc.) | | ***-*** | ***-*** | | ***-*** | | | ***-*** | | ***-*** | | ***-*** | ***-*** | | ***-*** | | ***-*** | | ***-*** | |
| Laser beam interaction hazards controlled e.g. ablation fumes, laser cutting by-products, etc. | | **X *-*** | **X *-*** | | **X *-*** | | | **X *-*** | | ***-*** | | **X *-*** | **X *-*** | | **X *-*** | | **X *-*** | | ***-*** | |

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| Administrative Controls and PPE: | | | | | | | | | | | | |
| **Precautions**  **(Present, up-to-date, reasonable, and justified, if applicable)** | **Class in** [**Standard Use**](#standard)  **(everyday operations)**  **(please select class below)** | | | | | | **Class in** [**Non-Standard Use**](#nonstandard)  **Check if not applicable**  **(please select class below)** | | | | | |
| **1/1M** | | **2/2M** | **3R** | **3B** | **4** | **1/1M** | | **2/2M** | **3R** | **3B** | **4** |
| **From the dropdown boxes, please tick (**✔**) one box for each control confirming that a precaution is in place and is suitable and sufficient, or (*N*) if a precaution is not required. Please indicate (✗) where a control has not been implemented, and/or improvement is required (add to Recommended Actions section below).** | | | | | | | | | | | |
| Laser-specific risk assessments | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** |
| Alignment procedures and SoPs | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** |
| Laser users registered and trained (recorded) | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** |
| Door/cubicle signage meets policy requirements. (Warning symbols **and** authorised users) | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** |
| Laser eye protection (available, evidence for correct selection) | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | ***-*** | ***-*** | ***-*** |
| Protective clothing for skin | **X *-*** | | **X *-*** | **X *-*** | **X *-*** | ***-*** | **X *-*** | | **X *-*** | **X *-*** | **X *-*** | ***-*** |
| Emergency grab cards | **X *-*** | | **X *-*** | **X *-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | **X *-*** | ***-*** | ***-*** |
| Safety critical checks performed monthly and documented | **X *-*** | | **X *-*** | **X *-*** | ***-*** | ***-*** | **X *-*** | | **X *-*** | **X *-*** | ***-*** | ***-*** |
| Laser labels (on equipment or nearby if device too small) | ***-*** | | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | | ***-*** | ***-*** | ***-*** | ***-*** |
| Recommendations and Signature: | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| **Recommended Actions for Improvement:** | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| **Additional controls required before commencement (engineering/administrative/PPE):** | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| **Name of Responsible Person:**  Click or tap here to enter text. | | **Signature:** | | | | | | **Date:**  Click or tap here to enter text. | | | | |
| **Name of Laser Safety Officer:**  Click or tap here to enter text. | | **Signature:** | | | | | | **Date:**  Click or tap here to enter text. | | | | |