### Appendix 2

**LASER RISK ASSESSMENT PROFORMA (LS-2)**

| **LASER RISK ASSESSMENT FORM (LS-2)** | | | | | | | | | | | **Laser Ref. No:** | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Note: A documented risk assessment is required for:   * Use of any class 3R, 3B or 4 laser. * Any manipulation (e.g. use of magnifying instruments) of a lower class laser that might increase the risk under certain operating conditions. * Any lower class laser whose non-beam hazards pose a significant risk, even though the risk from the beam itself is negligible. * Embedded ‘Class 1 by design’ products encompassing Class 3 or 4 lasers if the beams might be exposed during routine service and maintenance. A contractor’s risk assessment may be sufficient. | | | | | | | | | | | | | | | |
| *A copy of this Risk Assessment must be appended to the relevant Laser Registration Form (LS-1)* | | | | | | | | | | | | | | | |
| What parts of the life cycle does this risk assessment apply to? | | | Planning, Design, Manufacture, Testing, Transport, Installation, Commissioning, Normal Operation, Maintenance, Servicing, Modification, Decommissioning, Disposal | | | | | | | | | | | | |
| Name of Assessor(s): | | |  | | | | | Date: | | | |  | | | |
| Supervisor Signature: | | |  | | | | | DLSO Signature: | | | |  | | | |
| General Information | | | | | | | | | | | | | | | |
| *Not all of the following will be required or relevant for all lasers, but please fill out as completely as possible.* | | | | | | | | | | | | | | | |
| Does the laser have key control? | | | | | | |  | | | | | | | | |
| Does the laser have a remote control connector? | | | | | | |  | | | | | | | | |
| Are the power supply and/or laser casings interlocked? | | | | | | |  | | | | | | | | |
| Is the laser interlocked to the laser area door? | | | | | | |  | | | | | | | | |
| Is a shutter fitted at the laser output and interlocked to the laser area door? | | | | | | |  | | | | | | | | |
| Is the laser beam totally enclosed? | | | | | | |  | | | | | | | | |
| Is the enclosure interlocked? | | | | | | |  | | | | | | | | |
| Is it likely that the system will be significantly modified within the next year? | | | | | | |  | | | | | | | | |
| Are the following warning lamps/labels present: | | | | | | | | | | | | | | | |
| Illuminated ‘laser on’ light at laser area entrance? | | | | | Y / N | Hazard symbol on laser area door? | | | | | | | | | Y / N |
| Hazard symbol on laser? | | | | | Y / N | Laser Classification label? | | | | | | | | | Y / N |
| Laser characteristics label? | | | | | Y / N | Laser output label designating point of emission? | | | | | | | | | Y / N |
| Experiment Overview | | | | | | | | | | | | | | | |
| *Brief description of experimental setup, with focus on physical layout and environment. Please include a diagram if relevant.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Expected Period of Use | | | | | | | | | | | | | | | |
| Start date: | |  | | | | End date (if known): | | | |  | | | | | |
| **STEP 1** | | | **STEP 2** | **STEP 3** | | | | | | | | | **STEP 4** | | |
| **Ref. No:** | **What are the hazards?** | | **Affected groups** | **What is already being done to control the risks?** | | | | | **Risk level after controls** | | | | **What further actions are required to control the risks? (including due date and person responsible)** | | |
| **The laser:** | | | | | | | | | | | | | | | |
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| **Beam delivery:** | | | | | | | | | | | | | | | |
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| **The laser process:** | | | | | | | | | | | | | | | |
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| **Environment:** | | | | | | | | | | | | | | | |
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| **STEP 5** | | | | | | | | | | | | | | | |
| *Risk assessments should be reviewed at least annually, or whenever there is significant change to the system.* | | | | | | | | | | | | | | | |
| **Review Date** | | | **Signed** | | | | | | | | | | | | |
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