**Appendix 4**

**LASER USER AUTHORISATION/TRAINING RECORD (LS-4)**

| **LASER USER RECORD (LS-4)** | | | | **Laser Ref. No:** | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Policy Note:** Laser Users must be authorised by their supervisor before operating a laser and an individual training record must be maintained. | | | | | | | |
| ***A copy of each Laser User Registration/Training Record must be appended to the relevant Laser Registration Form (LS-1), Risk Assessment (LS-2) and Local Rules (LS-3)*** | | | | | | | |
| **1. Authorisation** | | | | | | | |
| **Name**  ***(please print):*** |  | | | | | | |
| **Status**  ***(Circle as appropriate):*** | Principal Investigator / Technician / Research Assistant / Postdoctoral scientist / Postgraduate student / Undergraduate student / Visitor / Other: | | | | | | |
| **Email:** |  | | | | | | |
| **Supervisor:** |  | | | | | | |
| **Department:** |  | | | | | | |
| **User declaration:**   * I have read and understood the information provided to me in relation to the above system. * I agree to abide by the safety requirements as identified within the University Policy Statements, Laser Risk Assessment, and Laser Local Rules. * I agree to undergo laser safety training as identified by the supervisor. * I understand the need to inform the supervisor of any known eye condition that I may have, which could increase the risk of using the laser system. | | | | | | | |
| Supervisor declaration:  Prior to any ongoing training detailed below, I declare *(delete as appropriate)* that the person:  A – May not begin work without supervision from myself.  B – May not begin work without supervision from a nominated person.  C – May not start work without additional instruction from myself or the nominee.  D – Is competent to begin work without supervision or instruction. | | | | | | | |
| **2. Ongoing training (as required)** | | | | | | | |
| **Training requirement** | | **Supervisor**  **Declaration**  **(A, B, C or D)** | **Training completed - date** | | **Supervisor -**  **signature** | | **User -**  **signature** |
| Department introduction to laser safety training | |  |  | |  | |  |
| Risk Assessment | |  |  | |  | |  |
| Laser Specific Local Rules – General Operation/Emergency | |  |  | |  | |  |
| Laser Specific Local Rules – Alignment/Maintenance | |  |  | |  | |  |
| *Other:* | |  |  | |  | |  |
| *Other:* | |  |  | |  | |  |