	Background Information Date:	
	Name of Assessor:	
Describe the product and application		
Describe the Laser		
Equipment		
Describe the Beam Delivery System		
Describe the Laser		
Process		
Describe the Environment		
Who uses the product or could affect its operation?		
Circle the part(s) of the life cycle of interest	Planning, Design, Manufacture, Testing, Transport, Installation, Commissioning, Norr Maintenance, Servicing, Modification, Decommissioning, Disposal	mal Operation,

Assessment Number:	Assessment D	ate:		Activity/Facility As	ssessed:
Assessed by:	Review Date:			Location:	
STEP 1	STEP 2		STE		
List significant hazards	List groups of people who are at risk	List existing controls	Are these controls OK?	What is the risk factor from these hazards?	Actions Required (See over)
The Laser Equipment:	people who are at risk		controls OK?	these hazards?	(See over)

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Assessment Number:	Assessment Da	ate:		Activity/Facility As	ssessed:
Assessed by:	Review Date:			Location:	
STEP 1	STEP 2		STEF	9.3	
List significant hazards	List groups of people who are	List existing controls	Are these controls OK?	What is the risk factor from	Actions Required (See over)
Beam Delivery:	people who are at risk		controls OK?	factor from these hazards?	(See over)

Assessment Number:	Assessment Da	ite:		Activity/Facility As	ssessed:
Assessed by:	Review Date:			Location:	
STEP 1	STEP 2		STEI	P 3	
List significant hazards	List groups of people who are at risk	List existing controls	Are these controls OK?	What is the risk factor from these hazards?	Actions Required (See over)
The Laser Process:	at risk			these hazards?	

Assessment Number: Assessed by:	ite:		Activity/Facility As Location:	ssessed:	
STEP 1	Review Date: STEP 2		STEI	3	
List significant hazards	List groups of people who are at risk	List existing controls	Are these controls OK?	What is the risk factor from these hazards?	Actions Required (See over)
Environment & People:	at risk			these hazards?	

Persons at risk				Risk	Life Cycle			Other	
Staff	S	Public	P	High	Set-up		Service		
Contractor	C	Other	O	Medium	Normal Operation		Other		
Visitor	V			Low	Maintenance				

Significant Hazards Identified	Actions Required	Date for Action	Completed By (Name and Date)
The Laser Equipment:			

Significant Hazards Identified	Actions Required	Date for Action	Completed By (Name and Date)
Beam Delivery:			

Significant Hazards Identified	Actions Required	Date for Action	Completed By (Name and Date)
The Laser Process:		Action	(Name and Date)

Significant Hazards Identified	Actions Required	Date for	Completed By
Environment 9 Deeples		Action	(Name and Date)
Environment & People:			

Examples of Hazards						
People	Noise	Fumes	Radiation hazards	Hot objects		
Poor instruction, training	Fire	Moving parts of machinery	X Rays/EMI	Ozone		
Inadequate systems or procedures	Lifting of heavy objects	Pressure systems	Compressed gases	Trailing leads		
Unsuitable workstation/equipment	Electricity	Falling objects	Inadequate optics mounts	Optical fibre breakage		
Poor lighting	Chemicals/substances	Explosion	Optical component failure	Errant beams		
Slip, trip hazards	Dust	Bio-hazards	Confined spaces			