Laser Authorisation Form **University of Cambridge**

Personal Details

Name
Research supervisor or research group
Department
Other Departments where work with lasers will be carried out if applicable

Information about the laser(s) you will be using

Type of Laser	
Wavelength	
Laser Classification	
CW or Pulsed	
Power or Energy	
Brief description of the laser application	
Has a risk assessment been completed?	Departmental reference number
Is there a local rules document?	Departmental reference number

Training and Experience

Enter ✓ against any training attended/completed

October course for newly registered students?	Date attended
University Safety Office course for Class 3B and 4 laser users? (Or equivalent course) (Attach copy of certificate)	Date attended
In-lab training completed? (Attach copy of checklist/list of main points covered during in-lab training)	Date completed
Other required training completed? (E.g. training by laser manufacturer)?	Date completed
Relevant previous experience	

Laser user's declaration

I have read section A of the University guidance booklet 'Safe Use of Lasers' and agree to abide by the rules therein
I have read and agree to abide by any departmental rules
I have read and agree to abide by the local rules and procedures for the laser(s) I will be using

Signed	**Date**

Signature of Research Supervisor/ Line Manager	**Date**

Authorisation for laser work is not given until this form is completed to the Departmental LSO's satisfaction.

Signature of LSO	**Date**