



UOW SAFE@WORK

LASER USER REGISTRATION FORM

REFERENCE: [Laser Safety Guidelines](#).

Please complete this form and return to whs-admin@uow.edu.au.

Registration Status	
<input type="checkbox"/> New Registration	<input type="checkbox"/> ^ Notification of change to original registration

^ A new registration form is required whenever conditions change e.g. using a different class of laser

Personal Details	
Full Name:	
Faculty/Division:	School/Unit:
E-mail:	
Phone:	<input type="checkbox"/> Staff <input type="checkbox"/> Student Number:
Commencement of laser use: / /	Conclusion of laser use: / /

Laser Details	
* Person Responsible for Laser:	Laser Location (Building.Room):
Class: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 1M <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2M <input type="checkbox"/> Class 3R <input type="checkbox"/> ~Class 3B <input type="checkbox"/> ~Class 4	
Details of Laser: (including Type, Make/Model, Serial Number, etc)	

* Person from Faculty/School responsible for this laser – may also be the Local Laser Safety Supervisor (LSS)

~Additional Requirements for Class 3B and Class 4 Lasers	
Laser Safety Training	
University approved Laser Safety training is required for all users of Class 3B and Class 4 Lasers. Local training should be provided to users of lower class lasers to ensure they are aware of any hazards (including associated hazards) to which they may be exposed during the use of laser equipment, and of the procedures necessary to ensure protection.	
Course Name:	
Training Organisation:	
Date Completed: / /	Certificate Number (if applicable):

Risk Management	
Risk Assessment completed in SafetyNet?	<input type="checkbox"/> Yes: Ref No:
Safe Work Procedure completed in SafetyNet?	<input type="checkbox"/> Yes: Ref No:

Declaration

Laser User

I have read and understand the Risk Assessment and Safe Work Procedure relating to this laser as well as the University's [Laser Safety Guidelines](#). I have undertaken Laser Safety Training and eye examinations as required.

Signature:

Date: / /

Acknowledgement

Person Responsible for Laser

Name:

Signature:

Date: / /

Local Laser Safety Supervisor (LSS)

Name:

Signature:

Date: / /

University Laser Safety Advisor (LSA) – from WHS Unit

Name:

Signature:

Date: / /

WHS Unit Only

Date approval form saved to EDRMS: / /

EDRMS_