

## **AUTHORITY TO USE A CLASS 3 OR 4 LASER**

I \_\_\_\_\_  
(*applicant's name*)

Have read and understood the safety procedures relevant to my use of the following laser:

Laser: \_\_\_\_\_

Located in the following laboratory:

Laboratory (or room number): \_\_\_\_\_

I have received the appropriate training and laboratory induction and understand that if I am unsure about any procedures that **I MUST** obtain further information from:

- My Supervisor
- The Safety Officer
- The Laser Safety Officer or
- The Occupational Health and Safety Representative.

Before I commence any procedure with which I am unfamiliar, I agree to report any hazard immediately to the above mentioned people.

<i>Procedure</i>	<i>Tick</i>
Operate the Laser	<input type="checkbox"/>
Perform minor / major alignment of the laser	<input type="checkbox"/>
Perform maintenance on the laser	<input type="checkbox"/>
Risk assessments have been completed	<input type="checkbox"/>

Applicant: \_\_\_\_\_ / /

Authorised By: \_\_\_\_\_ / /