### Appendix 2

**LASER RISK ASSESSMENT PROFORMA (LS-2)**

| **LASER RISK ASSESSMENT FORM (LS-2)** | **Laser Ref. No:** |  |
| --- | --- | --- |
| Policy Note: A documented risk assessment is required for:* Use of any class 3R, 3B or 4 laser.
* Any manipulation (e.g. use of magnifying instruments) of a lower class laser that might increase the risk under certain operating conditions.
* Any lower class laser whose non-beam hazards pose a significant risk, even though the risk from the beam itself is negligible.
* Embedded ‘Class 1 by design’ products encompassing Class 3 or 4 lasers if the beams might be exposed during routine service and maintenance. A contractor’s risk assessment may be sufficient.
 |
| *A copy of this Risk Assessment must be appended to the relevant Laser Registration Form (LS-1)* |
| What parts of the life cycle does this risk assessment apply to? | Planning, Design, Manufacture, Testing, Transport, Installation, Commissioning, Normal Operation, Maintenance, Servicing, Modification, Decommissioning, Disposal |
| Name of Assessor(s): |  | Date: |  |
| Supervisor Signature: |  | DLSO Signature: |  |
| General Information |
| *Not all of the following will be required or relevant for all lasers, but please fill out as completely as possible.* |
| Does the laser have key control? |  |
| Does the laser have a remote control connector? |  |
| Are the power supply and/or laser casings interlocked? |  |
| Is the laser interlocked to the laser area door? |  |
| Is a shutter fitted at the laser output and interlocked to the laser area door? |  |
| Is the laser beam totally enclosed? |  |
| Is the enclosure interlocked? |  |
| Is it likely that the system will be significantly modified within the next year? |  |
| Are the following warning lamps/labels present: |
| Illuminated ‘laser on’ light at laser area entrance? | Y / N | Hazard symbol on laser area door? | Y / N |
| Hazard symbol on laser? | Y / N | Laser Classification label? | Y / N |
| Laser characteristics label? | Y / N | Laser output label designating point of emission? | Y / N |
| Experiment Overview |
| *Brief description of experimental setup, with focus on physical layout and environment. Please include a diagram if relevant.* |
|  |
| Expected Period of Use |
| Start date: |  | End date (if known): |  |
| **STEP 1** | **STEP 2** | **STEP 3** | **STEP 4** |
| **Ref. No:** | **What are the hazards?** | **Affected groups** | **What is already being done to control the risks?** | **Risk level after controls** | **What further actions are required to control the risks? (including due date and person responsible)** |
| **The laser:** |
|  |  |  |  |  |  |
| **Beam delivery:** |
|  |  |  |  |  |  |
| **The laser process:** |
|  |  |  |  |  |  |
| **Environment:** |
|  |  |  |  |  |  |
| **STEP 5** |
| *Risk assessments should be reviewed at least annually, or whenever there is significant change to the system.* |
| **Review Date** | **Signed** |
|  |  |
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