*This form is to be used to register new laser users of specific laser equipment at RMIT.*

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| **Registration Category** |
| [ ]  **New Registration** | [ ]  **Change to Existing Registration** |

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| **Personal Details** |
| **Name:** |
| **College / School:**  | **Faculty / Division:** |
| [ ]  **Staff** | [ ]  **Student** | **Number:** | **Phone:** |
| **Email:** |
| **Commencement of Laser Use:** | **Conclusion of Laser Use** |

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| **Laser Details** |
| **Laser Location (Building, Room):** | **Person Responsible for Laser:** |
| **Class:** | [ ]  **Class 1** | [ ]  **Class 1M** | [ ]  **Class 2** | [ ]  **Class 2M** | [ ]  **Class 3R** | [ ]  **Class 3B\*** | [ ]  **Class 4\*** |
| **Details of Laser** |
| **Type** | [ ]  **Solid-state laser** | [ ]  **Gas laser** | [ ]  **Liquid laser** | [ ]  **Semiconductor laser** |
| **Pulsed** | **Pulse Repetition Rate** |  | **Pulsed** | **Average Power** |  |
| **Pulse Duration** |  | **Pulse Energy** |  |
| **Beam** | **Beam Diameter** |  | **CW** | **Maximum Power** |  |
| **Beam Divergence** |  | **Beam Output Coupling:** |
| **Wavelength:** | **NOHD / NSHD:** |
| **Manufacturer:** | **Make:** |
| **Model:** | **Serial Number:** |
| **Room schematic for Class 3B and Class 4 Lasers** |
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| **\*Additional Requirements for Class 3B and Class 4 Lasers** |
| **Laser Safety Training** |
| **RMIT Approved Laser Safety training is required for all users of Class 3B and Class 4 Lasers.** |
| **Course Name:** |
| **Training Provider:** |
| **Date Completed:** | **Certificate Number *(if applicable)*:** |

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| **Risk Management** |
| **Risk Assessment Completed:** | [ ]  **Yes** | **Reference:** |
| **SWMS Completed** | [ ]  **Yes** | **Reference:** |

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| **Declaration** |
| **Laser User** |
| *I have read and understand the Risk Assessment and Safe Work Procedures (SWMS) associated with the use of this laser as well as* ***HSW-PR46 - Laser Safety Guidelines****. I have completed an approved Laser Safety training.*  |
| **Signature:** | **Date:** |

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| **Acknowledgement** |
| **Person Responsible for Laser** |
| **Name:** | **Signature** | **Date** |
| **Laser Safety Officer (LSO) *(or equivalent)*** |
| **Name:** | **Signature** | **Date** |
| **Local Laser Safety Officer (LSO) *(or equivalent)*** |
| **Name:** | **Signature** | **Date** |