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

|  |  |
| --- | --- |
| **Registration Category** | |
| **New Registration** | **Change to Existing Registration** |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)*:** |

|  |  |  |
| --- | --- | --- |
| **Risk Management** | | |
| **Risk Assessment Completed:** | **Yes** | **Reference:** |
| **SWMS Completed** | **Yes** | **Reference:** |

|  |  |
| --- | --- |
| **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:** |

|  |  |  |
| --- | --- | --- |
| **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** |