**Task/ Work:**

**Location (Room/ Building):**

**Date :**

**Reference / Version :**

**Review Date :** Annually, or at change of use

**University Laser Safety Officer :** Dr Ian Haslam, ian.haslam@manchester.ac.uk

**Local Laser Safety Advisor :** laser safety advisor’s name

**Issued under the authority of :** PI/Lab manager’s name

**Purpose & Scope**

**Introduction & Description of Lasers**

**Justification for Open Beam Work**

**Authorised Users / Responsibilities**

**Laser Controlled Area**

**Protection Measures / PPE**

**Procedures**

**Summary of Hazards**

**Contingency Plan**

**Scheme of Work Approved by:**

Name: ………………………… Signature:………………………… Date:…………

**THIS DOCUMENT SHOULD BE REVIEWED ANNUALLY**

**User Declaration**

*I have read and understood this document and agree to abide by its requirements at all times.*

*I understand that in the event of any malfunction, or suspected malfunction, of any part of the laser system or its security and safety systems that the experiment must be stopped immediately, the laser switched off and the matter reported to local staff supporting the experiment. I accept that we are all jointly responsible for one another’s safety and undertake not to knowingly permit the infringement of these Rules and Procedures by others.*

**Authorised Users**

 **Name Signature PI Signature Date**

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In case of emergency call your nearest first aider, outside of normal working hours call Security on 0161 306 9966.

If an ambulance is needed, telephone 999 stating clearly the full postal address (XXX), and what is wrong with the casualty, together with your name. Also inform building reception (XXXX) and arrange for somebody to meet and direct the ambulance staff to the casualty.

In the event of an accident involving eye exposure, as soon as possible and within 24 hours of the incident, take this completed card and any relevant risk assessments to:

**Manchester Royal Eye Hospital, Oxford Road, Manchester, M13 9WL**

Emergency Eye Department opening times: 08:00-20:00, 7 days a week

Outside these hours call: 0161 701 0249, or attend general A&E at Manchester Royal Infirmary (address as above)

Do not drive yourself. Get a friend or colleague to take you, or use a taxi.

It is important that the affected person does not rub their eye after exposure as this can lead to corneal abrasions.

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| --- | --- |
| Laboratory Address: |  |
| Laser classification: |  |
| Type: Pulsed, Continuous Wave |  |
| Wavelength (nm) |  |
| Effects on Eyes of excessive exposure. | Delete as appropriate:180 – 315 nm: Photokeratitis315 – 400 nm: Photochemical cataract400 – 780 nm: Photochemical and thermal retinal injury780 – 1400 nm: Cataract, retinal burn1400 – 3000 nm: Aqueous flare, cataract, corneal burn3000nm – 1 mm: Corneal burn |
| Pulse energy (duration, peak power, repetition frequency) |  |
| Circumstances of accident / injury: |  |
| Time & Date of Injury |  |
| Eye affected: Left / Right / Both |
| Were protective goggles being worn? Yes / No |