Australian National University

Laser Application Form

Description of Equipment/Apparatus/Use/Purpose

_____

_____

Equipment Specifications

- Make: _____
- Model: _____
- Serial Number: _____
- Laser class 1 2 3A 3B 4
- Wavelength: _____
- Accessible Emission Limit: _____
- Other: _____
  can be added later

Location

- Building name/ number: _____
- Room number: _____ (storage), _____ (experiment)
- Room characteristics:

Shielding ***present*** or *to be* ***installed*****:**

Shielding potential: *Good* → - - - - - - - - - → - - - - - - - - - → *Poor*

Duty Cycle

The equipment will produce accessible laser radiation for _____ % of time when being used.

Operator Exposure

Not Possible Unlikely Possible Likely Potentially Significant

Discuss: _____

_____

Operating Instructions/Guidelines/Warning Notices

Please attach a copy of operating instructions, guidelines for use, and warning notices to be provided to users.

Training requirements

☐ Local Induction Program (Tier 2 and Tier 3).

- ☐ Onsite supervisor/training/instruction.
- ☐ ANU Laser Safety Course.
- ☐ Manufacturer's training course (please provide details).
- ☐ Other: _____

Other Control Measures