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**Risk assessment for use of class 1M, 2M and 3R lasers**

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| Assessment Number: |
| **Assessor** (*name, job role, department/section)*: |
| **Signature:** |
| **Date of Assessment:** |
| **Manager/Academic Supervisor responsible/ Principal Investigator for the work** (*name, job role, department/section)*: |
| **Signature and date:** |

An eye hazard is possible if there is: exposure in excess of more than 0.25 seconds from Class 2/2M lasers; exposure to Class 1M/2M; or if Class 3R lasers are viewed directly. Risk of eye injury is low. There is no skin or fire hazard.

1. **LOCATION AND BRIEF DESCRIPTION OF THE WORK ACTIVITY:**

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1. **LASER SPECIFICATION:**

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| Model: |
| Maximum Power: |
| Wavelength Range: |

1. **WILL THERE BE THE USE OF OPTICS IN THE BEAM?   
   YES  NO** *(please mark the appropriate box)*

Note: Optics may increase the beam hazard. Therefore, if answered ‘yes’ to above, refer to the higher hazard laser risk assessment.

1. **WHO COULD BE HARMED:**

Detail the people who could be at risk as part of their work or study and others who may be at risk but are not directly involved with the work.

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1. **NON-OPTICAL HAZARDS**

Detail the significant risks and the control measures necessary for any non‐optical hazard identified from laser Devices.

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| Hazard/Risk (*add more rows if required)* | Control Measure |
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1. **CONTROL MEASURES**

Avoid eye level and do not expose users or others to the beam. N.B. Modified 1M/2M devices may need to be reassessed as a higher classified laser.

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| Do ✓ | Follow the manufacturer's safety instructions.  Take care when operating the laser system.  Keep the laser 'on' only when necessary.  Restrict to authorised users and laser uses.  Terminate the beam at the end of its useful path. |
| Don’t 🗶 | Do not point at or towards persons deliberately.  Do not point at mirrored surfaces that may cause unplanned reflections.  Never look into the laser aperture.  Never look directly or stare into the beam/beam aperture when on.  Never allow unauthorised use.  Do not use optical viewing aids. |

1. **REVIEW**

Assessment should be reviewed at regular intervals.

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| Review Date and Reviewer (*add more rows if required)* | Review Notes / Action |
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