**University Occupational Health and Safety Form**

**Training and competency record FOR THE SAFE USE OF hazardous LASERS, or laser devices**

This form should be used to detail the training to be completed by laser users, to provide a record of training completed, and to provide evidence of competence.

All personnel must complete, as a minimum, the University Laser Safety Induction and must be familiar with the risk assessments and systems of work applicable to the tasks that they are to undertake. Additional training requirements should be detailed by the department. Training must be carried out by either the Principal Investigator (PI) a competent person nominated by the PI.

New workers must be directly supervised until judged to be competent to work independently by the Line Manager, PI or academic supervisor. and the worker has acknowledged that they are confident to do so. Details of training completed are shown in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Description** | **Completed**  (please initial) | |
| **Trainer** | **Trainee** |
| ***University Laser Safety Induction*** | * *Complete the relevant University safety inductions via MyPlace* |  |  |
| ***Departmental Requirements*** | * *Read, understand and sign the relevant risk assessments for the work they will be undertaking.* * *Read and understand the departmental laser safety arrangements.* * *Read the department’s laser incident management plans* |  |  |
| ***Maintenance of laboratory*** | * *General housekeeping responsibilities.* |  |  |
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**Principle Investigator acknowledgement of training and competency**

The below named person has been given the required training and is competent to work with hazardous lasers or laser devices. **To be filled out by the Principal Investigator.**

|  |  |  |
| --- | --- | --- |
| **Name** | *Name of trainee* | |
| **Location(s) of work** |  | |
| **Principal Investigator** | *Please print name* | *Please sign name* |
| **Date** |  | |

**Trainee acknowledgement of training and competency**

I acknowledge that I have been trained in the safe use of hazardous lasers or laser devices listed above and I am confident to work independently. I also agree to help maintain the laboratory *and I understand that I can be excluded from the laboratory if I fail to follow the safety regulations (2 warnings will be given before exclusion).*

**To be filled out by the trainee.**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Signature** |  |

**Record of warnings issued**

**To be filled in by the Principal Investigator.**

|  |  |  |
| --- | --- | --- |
|  | **Reason for warning/exclusion** | **Date** |
| **Warning 1** |  |  |
| **Warning 2** |  |  |
| **Exclusion** |  |  |