

ROYAL HOLLOWAY
University of London

**REGISTRATION OF PERSONS USING LASERS OR EXPOSED TO
LASER RADIATION IN THE COURSE OF THEIR WORK
(For Lasers of class 3A and above)**

PERSONAL DETAILS

Name

Department

Position

Supervisor

DETAIL OF WORK OR EXPOSURE

Lasers to be used:-

Experiments to be performed:-

TRAINING

Please give details of any experience or training connected with lasers that you have had other than that provided by the Laser Safety Officer.

DECLARATION

I have read and agree to abide by the College Rules relating to Laser Safety. I also certify that I have viewed, read and understood the information provided both in the Laser safety Video and CVCP booklet, and will follow this guidance when working with lasers.

Signed

Date