



# Laser Radiation in Research – Project Assessment Form

This form is ONLY required for research involving Class 4 lasers used in in medical, cosmetic or related procedures.

Project number: \_\_\_\_\_

Projects using laser radiation must be conducted in accordance with [Laser Safety](#) procedure.

When completed, this form should be sent to the appropriate local Laser Safety Officer (LSO) for initial review. The LSO will then forward to the Radiation Protection Consultant (RPC) for final approval. Work must not commence on the project until final approval is granted by the RPC.

## Name and academic affiliation of the applicant

List of names of associated workers on project?

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## Summary description – include the following in plain English:

- a project title
- summary background to the project
- description of the aim and objectives of the project
- role played by laser radiation
- key activities to be undertaken using laser devices
- relevant citations of previous work in which the proposed technique was used
- where the particular application of laser radiation is new, or involves techniques that are not well established, identify whether alternatives to laser radiation exist.

## Project details

### Details of laser equipment to be used

Make and model	Class of laser being used (according to AS/NZS IEC 60825)	Wavelength(nm)	Maximum power or pulse energy	Nominal ocular hazard distance, if known



**Details of location where project will be undertaken**

Building name and room number	Laser facility compliance certificate number and expiry date (if applicable)

**Identification and control of the principal hazards**

A risk assessment for the procedure must be conducted and documented in UQSafe. The risk assessment must identify any additional training requirements for anyone working on the project.

Indicate which of the hazards (e.g., beam hazards, hazardous substances, electricity, etc.) are applicable and outline briefly the type of controls that will be applied in UQSafe.

Provide risk assessment number here and date of completion: .....

**Licensing details**

Does the applicant and associated users already hold a laser use licence issued by Queensland Health?

Yes    No

If NO, please provide details:

If a licence is held, provide the numbers and expiry dates for each licence.

Name	Licence number	Expiry date

**Training details**

Does the applicant and associated workers on the project require additional training to use the particular laser specified in the Project Details?

Yes    No

If YES, list the additional training required below. Consult the risk assessment for the project and contact the local LSO / RSO or RPC for advice and assistance with training.

## Radiation Safety and Protection Plan (RSPP)

List the current RSPP ID number appropriate for this project: \_\_\_\_\_

Is the applicant familiar with the specific requirements of the RSPP for lasers?

Yes      No

If No, contact the LSO to get a copy of the RSPP and read it before forwarding this application to LSO.

## Declaration

By submitting this form the applicant agrees to comply with all requirements stipulated by the Australian and Queensland Government radiation control authorities, the relevant WHS regulatory bodies, and UQ policies and procedures for radiation management, risk management and staff responsibilities for Workplace Health and Safety.

The applicant also declares that they have read and are familiar with the relevant Radiation Safety and Protection Plan and can verify that all workers on the project have completed appropriate risk assessments and have undergone all appropriate training required to complete the project safely, unless otherwise stated.

Applicant Name: .....

Signature ..... Date

Role.....

Recommended by Local Laser Safety Officer:    Yes    No

If 'No' – indicate reason:

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Name: .....

Signature ..... Date

Recommended by Radiation Protection Consultant:                      Yes    No

Name: .....

Signature ..... Date