# **Laser Radiation in Research**

# **Project Assessment Form**

# Project No

Projects using laser radiation must be conducted in accordance with the University PPL document [2.80.03 Risk Management and Approval Processes to work with Radiation Sources](https://ppl.app.uq.edu.au/content/2.80.03-risk-management-and-approval-processes-work-radiation-sources).

Does the project involve the use of

1. a laser diagnostic system (e.g. laser confocal microscope, laser scanner) or other laser device that is **Class 1** (fully enclosed) or **Class 2** (visible emissions are visible, less than 1 mW and the blink reflex **provides protection)?** In this case, the formal risk assessment below **is not** required, provided that the device is being used in accordance with the manufacturer’s instructions.
2. A Class 3 or Class 4 laser system? In which case, **complete** the full risk assessment below.
3. A laser system where the optical paths are accessible by the user? e.g. where laser components are mounted on an optical bench and the laser cavity can be accessed and adjusted. In which case, **complete** the full risk assessment below.
4. A laser system where the user will be developing or testing new laser delivery systems? In which case, **complete** the full risk assessment below.
5. An invisible laser that is being in an outdoors setting where inadvertent exposure of members of the public could occur? In which case, **complete** the full risk assessment below.

When completed, this form should be sent to the appropriate School or Centre Laser safety Officer (LSO) or Radiation Safety Officer (RSO) for initial review. The LSO or RSO will then forward to the [University Radiation Protection Adviser](mailto:ohs@uq.edu.au) (RPA) for final approval. Work should not commence on the project until final approval is granted by the UQ RPA.

## Name and academic affiliation of the applicant (chief investigator)

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## Summary description

A project title and concise plain English description of the aim of the work and the role played by laser radiation should be given. Relevant citations may be given 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, the submitting researcher must identify whether alternatives to laser radiation exist.

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| Summary background to the project:  Project objectives and key activities to be undertaken using laser devices:  Description of the laser equipment to be used (brand, model, wavelength(s), maximum power or pulse energy)  Class of the laser(s) being used? (according to ISO 60825):  Nominal ocular hazard distance for the laser at the “worst case” scenario: |

## Project details

### Details of the location where work is to be carried out

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| --- | --- |
| **Building name & Room Number** | **Radiation Safety Act laser facility compliance certificate number and expiry date** |
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### Identification and control of the principal hazards

A risk assessment for the procedure must be conducted and documented on the **UQ Safe Risk database**. The risk assessment should also identify any additional training requirements for anyone working on the project.

Provide Risk assessment **number** here and date of completion...........................................

Indicate which of the hazards are applicable, and outline briefly the type of controls that will be applied. Generally, controls will involve the adoption of particular safe working procedures and the use of shielding and other protective equipment.

NB. Responses should only be given where the hazard is applicable to your project. A particular project might include more than one hazard category.

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| **Principal hazard** | **Control measures proposed** |
| Irradiation of the eyes. |  |
| Irradiation of the skin |  |
| Plume |  |
| Ignition of flammable materials |  |
| Other hazards (specify) |  |

### Staff licencing details

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

If a licence is held, give here the numbers and expiry dates for each license.

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### Staff training details

Do the applicant and associated workers on the project require additional training to use the particular lasers specified above?

If NO, please write NO in box below.

If YES, list the additional training required below Consult the associated risk assessment and contact the local LSO / RSO or [UQ RPA](mailto:ohs@uq.edu.au) for advice and assistance with training.

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### Radiation Safety and Protection Plan

List the current RSPP identification number for the required Radiation Practice

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

Yes No

### Hazards not related to radiation

Will the provisions of the Workplace Health and Safety Act and Regulation in relation to other hazards e.g. hazardous substances, dangerous goods, electricity, be complied with?

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Are there any other unresolved health and safety related issues in the workplace?

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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 laser radiation management, risk management and staff responsibilities for Occupational 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.*

Submitted by: ………………………………

Signature ………………………………….. Date / /

Role...............................

List of names of associated workers on project?

Recommended by Local Laser Safety Officer / RSO Y N

Name: ………………………………

Signature ………………………………….. Date / /

Recommended by University Radiation Protection Adviser

Name: ………………………………

Signature ………………………………….. Date / /