

Operating Lasers

Step 1 Company details

This form must be completed / signed by those intending to operate lasers if you wish to use pressurised gas supplies please contact us.

Company Name:

Stand No:

Contact Name:

Step 2 Laser details

OPERATING LASERS

Please supply details of laser type, power output (for CW lasers), pulse energy, length and rep rate (for pulsed lasers), operating wavelength(s) and Laser Class to EN 60825-1:1994 or 2001 (IEC 60825-1 is identical).

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Step 3 Control Measures

If you are intending to operate any Class 3B* or Class 4* laser(s) please complete the following

Details about your lasers on display

	Type	Laser Class	Describe the control measures you will be using with this laser
Laser 1			
Laser 2			
Laser 3			
Laser 4			

Step 4 Risk Assessment

Any company running lasers will be required to provide a Risk Assessment, please complete this in standard manner and tick as appropriate:

Our Risk Assessment is attached

Step 5 Signature

We agree to conform to the European laser safety standard EN 60825-1 and to any requests regarding laser or gas safety by officers from or acting on behalf of SPIE, NEC, or the H.S.E., and to accept full responsibility for any damage caused to persons or property within the exhibition area or their environs.

Signed:

Date: