

# Laser Safety Declaration form.



**Maynooth  
University**  
National University  
of Ireland Maynooth

This form, to be completed by all undergraduate and postgraduate students, postdoctoral researchers, and visiting academics must be completed before any laser experiments commence.

Name of research project supervisor \_\_\_\_\_

Name of research worker\* \_\_\_\_\_

\*Status: Undergraduate, postgraduate, postdoctoral or visitor (delete as appropriate)

### For the research worker:

- I have read the Department of Electronic Engineering Laser Safety Guidance Document and attended the Laser Safety Training course, and I fully understand the safety recommendations.
- I have read and fully understand the risk assessment forms. and will carry out continuous RISK ASSESSMENTS as required during the course of my work.
- where appropriate I will seek advice/information from my project supervisor, if I am in doubt about any safety matter relating to my work.

Signature of the research worker.....

Date.....

Name (IN BLOCK CAPITAL LETTERS): \_\_\_\_\_