**A description...**

## LASER PERMIT TO WORK

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Permit issued for:** | |  | | | | |
| **Date issued:** | | | **Permit number:** | | | |
| **Location:** | | | **Activity/facility:** | | | |
| **Description of work:-** | |  | | | | |
| **Services affected:** | |  | | | | |
| **Timescale of work -** | | **Start:** | | | **Finish:** | |
| **Persons involved:-** | | **Name:** | | | **Company/External Employer:** | |
| **People exposed to the activity:** | |  | | | | |
| **Hazards:** |  | **Description:** | | **Precautions:** | | |
| High Voltage |  |  | |  | | |
| Laser radiation |  |  | |  | | |
| Chemical / biological |  |  | |  | | |
| X-rays/magnetic fields |  |  | |  | | |
| High pressure / cryogenics/vacuum |  |  | |  | | |
| Other  (including those which may be introduced by the work being carried out) |  |  | |  | | |
|  | | **Signature:** | | **Print:** | | **Position:** |
| **Issued by1:**  I authorise the work to be carried out. | |  | |  | |  |
| **Issued to2:**  I have read and understood the conditions of this permit. | |  | |  | |  |
| **Work completed3:**  I certify that the work has been completed and all safety interlocks restored / partially completed and left in a safe condition. | |  | |  | |  |
| **Permit cancelled4:** | |  | |  | |  |