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## LASER PERMIT TO WORK

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| **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:** |  |       |       |