Assessment Ref:

Risk Assessment – *Intense Pulsed Light Treatments*

Location:	
Equipment: (make/model)	Assessment Date:
Treatments: HR=hair removal SR=skin rejuvenation PT=Pigmentation AC=Acne TV=Thread vein **HR / SR / PT / AC / TV** (circle or delete as appropriate)	Assessment Team:

Complete pages 2 and 3, before making a note of any actions in the table below.

Summary (Action and Review Log)

Action/Control Agreed	Person Responsible	Signature	Target Date	Date action completed

Risk assessment Review: Periodically (12 months)
Following any accidents/incidents/near miss/breakdown of controls
Significant changes in the activity – e.g. change of equipment

1. **Intense Light** (injury to eye/skin)

1.1 In the room

Confirm existing controls		Comments / Actions
Designation of a controlled area	Yes / No / NA	……
Adequate training and information	Yes / No / NA	……
Written safety information (e.g. local rules)	Yes / No / NA	……
PPE (eyewear)	Yes / No / NA	……
Maintenance / service arrangements	Yes / No / NA	……
Consultation / test patch	Yes / No / NA	……
Manufacturer /supplier info available	Yes / No / NA	……
Laser safety adviser consulted	Yes / No / NA	……
Client records	Yes / No / NA	……

1.2 Outside the room

Confirm existing controls		Comments / Actions
Cover windows	Yes / No / NA	……
Doors closed	Yes / No / NA	……

1.3 Unauthorised entry

Confirm existing controls		Comments / Actions
Doors locked	Yes / No / NA	……
Warning signs/notices	Yes / No / NA	……
Information provided to other staff	Yes / No / NA	……

2. 'Non-Beam'

2.1 Electrical

Confirm existing controls		Comments / Actions
Service/ Maintenance	Yes / No / NA	……
Electrical Safety e.g. 'PA(T)' testing	Yes / No / NA	……

2.2 Fire

Confirm existing controls		Comments / Actions
Flammable materials/chemicals minimised	Yes / No / NA	……
Fire-fighting equipment available.	Yes / No / NA	……
General arrangements	Yes / No / NA	……

2.3 Environment

Confirm existing controls		Comments / Actions
Trailing cables eliminated	Yes / No	……
Area well lit	Yes / No	……
Good ventilation	Yes / No	……
Adequate working area	Yes / No	……
Area kept clean	Yes / No	……
Floor in suitable condition	Yes / No	……
Infection control	Yes / No	……

2.4 Financial

Confirm existing controls		Comments / Actions
Appropriate insurance in place	Yes / No	……
Comply with relevant legislation	Yes / No	……
Appropriate documentation in place	Yes / No	……