

Assessment Ref:

Risk Assessment - Use of Medical Lasers

Location:

Laser(s):

Date:

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: Review the effectiveness of controls after a suitable period and action where necessary. The table above can be used to document and review dates and actions.

When to review Periodically (e.g. every 12 months)
Following any accidents/incidents/near miss/breakdown of controls
Significant changes in the activity – e.g. change of equipment

Guidance: See your Laser Safety Adviser or download guidance here: www.lasersafe.co.uk/RAGUIDE.pdf

1. Laser Beam (eye and skin)

1.1 Within the treatment room

Confirm existing controls		Comments / Actions
Equipment safety features	Yes / No / NA	.....
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	.....
New students/staff supervised	Yes / No / NA	.....
PPE (eyewear etc.)	Yes / No / NA	.....
Maintenance / service arrangements	Yes / No / NA	.....
Reflective instruments minimised	Yes / No / NA	.....
Manufacturer /supplier info available	Yes / No / NA	.....
Laser safety adviser consulted	Yes / No / NA	.....
Patient ID / treatment record keeping	Yes / No / NA	.....
		

1.2 Outside the room

Confirm existing controls		Comments / Actions
Doors closed	Yes / No / NA	.....
Address double-door gaps	Yes / No / NA	.....
Windows	Yes / No / NA	.....
Door portholes	Yes / No / NA	.....
Ventilation gaps	Yes / No / NA	.....

1.3 Unauthorised entry

Confirm existing controls		Comments / Actions
Area is restricted	Yes / No / NA	.....
Doors locked	Yes / No / NA	.....
Warning signs/notices	Yes / No / NA	.....
Information provided to other staff	Yes / No / NA	.....
Laser beam to point away from entrances	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 Hazardous substances

Confirm existing controls		Comments / Actions
Laser plume (extractor/ facemask)	Yes / No / NA	.....
COSHH assessments performed	Yes / No / NA	.....
Contingency plans in place	Yes / No / NA	.....

2.4 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	.....

2.5 Legal/financial

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