

Laser Safety Guidelines and Agreement

This short document outlines the good practise & safety guidelines for handling laser pointers in planetarium shows (inside) and public observing events (outside). The document covers usage of planetarium and volunteer's own personal equipment, CW lasers classes 2 to 3B.

Class 2: 1mW Red laser diode 630-680nm CW.

1. Lasers only of danger to eyesight if pointed deliberately straight into some ones eye for a continuous period of time. Do not do so.
2. Lasers only of danger to skin cells if pointed in close contact with the skin for a prolonged time. Do not do so.
3. Laser sources kept in the private office and only used in the auditorium by planetarium presenters for shows.
4. Lasers are only pointed into the planetarium dome and never at members of an audience.
5. Close supervision at all times if used by GCSE school groups within the auditorium for teaching purposes.

Class 3R & 3B: >1mw Green laser diode 532nm CW (but less than 50mW).

1. Lasers are **only** used and handled by experienced staff & volunteers familiar with laser safety.
2. Lasers are **only** pointed skywards to locate objects in the night sky for the public to observe and for short bursts.
3. When not in use the lasers are securely locked away.
4. Lasers are never pointed into the sky when aircraft are around.
5. Lasers are not used inside and are never pointed at fixed objects that can cause specula reflection of the CW source.
6. Lasers are never pointed at anyone & contact with eyes and skin are avoided at all times.

Class 3B & 4: >50mw Green laser diode 532nm CW or any Class 4 lasing source.

1. Class 3B exceeding 50mW and Class 4 lasers are not allowed on the site.

Members of the public are not allowed or encouraged to bring their own laser equipment to the site. You are asked to inform any member of the public who does so what the policy is and to bring any problems to the attention of the Planetarium Director.

I agree to abide by the good practise & safety guidelines outlined above and have read the risk assessment.

Name: _____

Signed: _____

Date: _____