**DLS Appointment Letter**

Dear [Appointee Name]

**Appointment for Departmental Laser Supervisor (DLS)**

Please accept this letter of appointment as a Departmental Laser Supervisor (DLS) for [Department].

Your appointment to this position will assist the University in carrying out its duties under the relevant legislation, standards and guidance and will assist in implementing the requirements of the University’s Non-Ionising Radiation Safety Code of Practice. The appointment will take effect from [Date].

You will report directly to [details of management with responsibility in the relevant Department] and will liaise with them as appropriate to appraise management as to the effectiveness of the arrangements for implementing Artificial Optical Radiation (AOR) safety practices. Meetings may be scheduled or initiated by yourself if you feel it necessary to bring any matter to the attention of management.

The duties that are assigned to the DLS include:

* To liaise with and bring to the attention of management any inadequacies identified in working practice or failures in AOR safety procedures
* To act as a responsible person for the purposes of securing compliance with the requirements of the relevant AOR safety legislation, standards and guidance and Parts One and Two of the University’s Non-Ionising Radiation Safety CoP.
* To be aware of the scope of the departments AOR risk assessments and assist in drawing up and approving risk assessments for hazardous AOR sources.
* To supervise the implementation of the Local Procedural Controls Document.
* Keep an inventory of hazardous AOR sources and submit an annual summary to the Radiation Protection Unit (RPU).
* Check that those working with hazardous AOR sources have undertaken appropriate training.
* Notify management where a member of staff deliberately disregards procedures or where the working practice is inadequate or likely to place the University in breach of its legal requirements.
* Ensure that suitable records relating to AOR safety are being kept (as described in the Local Procedural Controls Document).
* Liaise with the RPU, Laser Protection Officer (LPO) or Laser Protection Adviser (LPA) as necessary (where appointed). The LPO is the University Radiation Protection Adviser but the LPA may be an externally appointed consultant.
* Implement the recommendations of the LPO or LPA as discussed with management from time to time.
* Seek the advice and consult with the RPU as necessary where circumstances are out of your area of knowledge or confidence.

If you choose to accept this appointment, then please sign this letter, and return it to [Head of School’s Name].

Yours sincerely,

[Head of School’s Name] [Head of School’s Title]

**I accept my appointment as DLS for [Department] at the University of Edinburgh:**

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| Name of Appointee: |  | Date: |  |