# Transfer of Control Form

Transfer of Control of a Laser/AOR Controlled Area

The facility/room/area containing the [laser/AOR equipment] will be designated as a Laser/AOR Controlled Area when servicing is being carried out.

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| Completed by UoE | **Part A: Transfer of Control**University of Edinburgh hereby transfers control of the Laser/AOR Controlled Area to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, service engineer employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the duration of their work.Signed on behalf of the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Completed by Service Engineer | **Part B: Acceptance of Control**I agree to liaise with the University contact named above and hereby accept control of the Laser/AOR Controlled Area for the duration of my work. I have provided copies of:* Risk Assessment for my work
* Method statement that governs my activities in the Laser/AOR Controlled Area

My signature on this document attests that I have received sufficient training in laser/AOR safety to understand the laser hazards introduced by my work, the controls required to mitigate those hazards and I agree to work in a safe manner at all times.Signed: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Dated: \_\_ Time of transfer of control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Completed by Service Engineer | **Part C: Return of Control (1)**I hereby return control of the Laser/AOR Controlled Area to the University. I certify that I have left the laser/AOR equipment in a safe condition fit for use.Signed: \_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Completed by UoE | **Part D: Return of Control (2)**The University hereby accepts control of the Laser/AOR Controlled Area. * I have filed a copy of the service/maintenance work done by the engineer.

Signed on behalf of the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of transfer of control:  |