

MECHANISM OF INJURY FROM LASER BEAM EXPOSURE EMERGENCY OPHTHALMIC EXAMINATION

Report to: Accident & Emergency, Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2.
Tel: 01-7088 535

EXPOSURE DETAILS

1. Circumstances of accident / Injury	
2. Time / date of incident	
3. Eye affected	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH ✓ tick as appropriate
4. Was protective eyewear worn?	<input type="checkbox"/> YES <input type="checkbox"/> NO ✓ tick as appropriate

LASER DETAILS

1. Type	
2. Wavelength	
3. Power Output CW Average for Pulsed	
4. Pulse Energy	
5. Pulse Width	
6. Repetition Rate	

LOCATION

1. Room	
2. Building	
3. School / Department	

REPORT ACCIDENT/INCIDENT to
Local Health and Safety Officer: Name: _____ and the
College Laser Safety Officer: Christopher Smith Ext: 3649 Email. chris.smith@tcd.ie

All accidents and incidents, whether involving an emergency examination or not, must be reported promptly to the Health and Safety Office using the current Institution Accident/Incident Report Form.

The College Laser Safety Officer and School/Departmental Laser Supervisor/Officer must also carry out a detailed investigation of the accident/incident.