Data Sheet
Use of Laser Equipment

1. Contact person
Leipziger Messe GmbH
Technical Event Management Department (TI-VT)
Messe Allee 1 Tel.: 0341 / 678 - 9906
04356 Leipzig E-Mail: veranstaltungstechnik@leipziger-messe.de

This department coordinates all required boundary conditions with the company's project manager.

2. Application area and principles

This data sheet applies solely to the premises of Leipziger Messe GmbH. Laser equipment may only be used with the express approval of Leipziger Messe. Approvals must be obtained in writing (laser registration application in the annex). The provisions are enshrined in the Technical Guidelines (5.10.3).

3. Requirements and information

The operation of laser equipment is subject to approval and must be coordinated with Leipziger Messe. The operation of laser equipment must be reported to the following agency in charge in accordance with section 5 of the Employer's Liability Insurance Association Provision for Occupational Health and Safety – DGUV Regulation 11 "Laser Radiation":

Saxony State Directorate
Department 5, Occupational Safety Leipzig
Braustraße 2, 04107 Leipzig
Tel.: (+49)(0)341 – 977 0
Fax: (+49)(0)341 – 977 1199
E-mail: post.asl@lds.sachsen.de

The written purchase order by a laser protection representative for the operation of the laser equipment must be attached to the notification. Devices / equipment of Class 3b or higher must be inspected for safety-related soundness by a publicly appointed and sworn expert prior to start-up.

4. Implementation

Use may be commenced once all boundary conditions and requirements have been met.
Laser registration pursuant to the "Laser Radiation" accident prevention regulation DGUV Regulation 11

Company: ..........................................................................................................................................
Street, Post code and Place: .............................................................................................................
Telephone: ..............................................................Fax .............................................................
Mobile: ..............................................................E-mail: ..................................................................

Re: Laser registration

Manufacturer: ....................................................................................................................................
Laser product name: ..........................................................................................................................

Laser type with information wave length \( \lambda \): .............................................................................
Capacity for pulsed lasers \( P_{\text{EI}} \): ...................................... Impulse repetition frequency \( F = \ldots \) ........
Capacity for CW lasers: \( P = \)........................................................................................................

Laser class in standard operation:.......................................................................................................
Laser class in maintenance / during set-up (teaching): .................................................................

Installation location
- Event: .................................................................................................................................
- Hall, stand number: .................................................................................................................

For lasers that are subject to the machine directive: a copy of the declaration of conformity is attached as an annex.

The safety-related inspection on location will be conducted on: ...................................................

By: ....................................................................................................................................................

Name and organisation of expert

☐ We request that an expert is provided to conduct the safety-related inspection on location.

Laser protection representative:

............................................................................................................................. has been appointed as the laser protection representative (identification document attached)

Expected start-up date of laser equipment: .....................................................................................

Place, Date

Signature
(name in block letters & company stamp)