

Appendix D

DI Laser Questionnaire

Please help our research by completing this questionnaire - even if you have no intention of ever installing a laser system. Please tick the boxes or enter information.

1. Which of the following best describes you?

- Venue with installed laser systems
- Venue which hosts temporary laser shows
- Venue with no lasers now, but have had them in the past
- Venue that has never had lasers
- Venue planning to install lasers
- Laser display company
- Laser system supplier

2. Which of the following types of lasers do you have now or have had?

- Helium-Neon (He-Ne)
- Argon Ion (Ar)
- Mixed Gas/White Light (Kr/Ar)
- Copper Vapour
- Neodymium:YAG (Nd:YAG)
- Other (please specify) _____

3. How often is the laser used?

- More than once per day
- Once per day
- At least once per week
- At least once per month
- At least once per year
- Less than once per year
- It is not used

4. How is the laser operated?

- Trained specialist laser operator
- Operated by DJ
- Operated by lighting jockey
- Pre-recorded show
- Manual selection of stored effects
- Manual show

5. Approximate year of installation of lasers (or commencement of business if not a venue)

6. Name of supplier(s) of lasers _____

7. Do you have a Laser Safety Officer? Yes No

If yes, please give an indication of how he/she was trained:

- In-house training
- Trained by laser supplier
- External course
- No formal training

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8. Are you aware of the Health and Safety Executive guidance document PM19?

Yes No

If no, please go to question 11

9. Do you have a copy of PM19?

Yes No

10. Do you find PM19 easy to understand?

Yes No

11. Would you be interested in a practically-based laser safety guidance document?

Yes No

12. If you wanted help on laser safety, who would you approach?

Local Authority (Environmental Health Department)

Local Authority (other Department)

Health and Safety Executive

National Radiological Protection Board

Loughborough University

Laser supplier

Another disco/night-club, etc

Safety Consultancy

Trade Association (please specify) _____

Other (please specify) _____

13. Are you interested in arranging laser safety training for your staff?

Yes No

14. Would you find a series of articles on laser safety in DI useful?

Yes No

15. Are you interested in a confidential laser safety audit?

Yes No

16. If yes, how much would you be prepared to pay?

17. What type of venue are you, if appropriate?

Discotheque

Night-club

Pub

Hotel

Theatre

Laser game venue

Open arena

Other (please specify) _____

18. What is the normal capacity of your venue?

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I will be grateful for the following information about your venue but please remain anonymous if you wish.

Name of venue/company _____

Postcode (or country if non-UK) _____

Your name _____

Your position _____

Telephone _____

Fax _____

We are looking for a number of UK venues and laser companies to assist with our research. This will include a risk assessment on the use of lasers at your venue or a discussion on the implications of installing a laser system for the first time. If you wish to be considered please attach your business card here.



John O'Hagan, NRPB