

## LASER PERMIT: Application to become an Authorized User of CLASS 3B and/or CLASS 4 Lasers

**Applicant Information:**

Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Lab Location: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List of Lasers in the lab:**

Class (ex. 3b)	Model	Power	Wavelength (nm)	Pulse freq.	Pulse Duration	Type (ex. Nd:Yag)	*Eyewear OD Required

**Eyewear Inventory:**

Wavelength (nm)	Optical Density (OD)

Wavelength (nm)	Optical Density (OD)

Wavelength (nm)	Optical Density (OD)

**Summary of Recent Laser Safety Training:**

*Please circle either Yes or No to indicate your laser safety training experiences in the following specific areas in the last two years. This section will not influence the decision to accept or reject this application but will be used to determine the focus of training provided to the applicant if he/she is accepted as an Authorized User.*

<u>Training Topics</u>	<u>Lecture/Class Training?</u>		<u>Practical Experience?</u>	
Laser protection principles or controls	Yes	No	Yes	No
Laser beam measurement and monitoring	Yes	No	Yes	No
Characteristics of non-ionizing radiation	Yes	No	Yes	No
Biological effects of laser exposure	Yes	No	Yes	No
Safe laser handling and use	Yes	No	Yes	No

***I certify that, to the best of my knowledge, the above information is accurate and correct.***

\_\_\_\_\_ *Applicant Signature*

**Completed by the Radiation Safety Office:**

PERMIT GRANTED ON: \_\_\_\_\_ LSO SIGNATURE \_\_\_\_\_