

Auburn University

Application for Use of Laser

Principal Investigator *	Email (AU User Name)	AU Mailing Address
Department	AU & After Hours Telephone Numbers	Location (Bldg & Rm) of Use

*A Principal Investigator applying for first Auburn University permit must also complete and submit a *Statement of Training and Experience*.

Laser System Description

Manufacturer		Model		Serial Number	
Type (e.g. He-Ne, ND:YAG)	Class (1, 2, 2a, 3a, 3b, 4)	Type beam (e.g., CW, pulsed)	Wavelength(s) (nm)		
Beam diameter at aperture: _____ (mm)			Beam divergence: _____ (mrad)		
CW Laser Information Average Power: _____ (W) Maximum Power: _____ (W)			Pulsed Laser Information Pulse duration: _____ (sec) Pulse frequency: _____ (Hz) Average Joules / pulse: _____ (J) Maximum Joules / pulse: _____ (J)		

Proposed Use [e.g., holography, alignment, etc. Provide sufficient detail for Radiological Safety Committee evaluation. Attach additional pages if necessary.]

Please check all items that apply:

Use of Cryogenics: _____ Use of Compressed Gases: _____ High Voltage Power Supplies: _____ High Voltage > 30 kVp: _____ Dye Laser: _____ Exposed Beam Paths: _____ High Noise Levels: _____	Laser Cutting / Welding: _____ Use of Pumping Laser: _____ Beam Focusing Optics: _____ Frequency Doubling Crystal: _____ Tunable Laser: _____ Invisible Beam: _____ Laser Fabricated / Modified at Auburn: _____
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Names of persons using laser under your supervision

Certification

I certify that the laser will be used as described in this application and that all applicable provisions of the Alabama Department of Public Health Rules, Auburn University radiological policies, and specific approval conditions required by the Radiological Safety Committee, now or hereafter in effect, will be observed.

Signature of Principal Investigator

Date

Departmental Approval

Signature of Head of Department

Date

If you have questions about this form, please call Risk Management & Safety at 4-6233. After completion, please return this form to Radiological Safety Office, Risk Management & Safety, 316 Leach Science Center.

Radiological Safety Site Review		
Have all operators / users received training?	Yes _____ No _____ N/A _____	
SOP and Safety Guidelines established for this use?	Yes _____ No _____ N/A _____	
Door have proper sign?	Yes _____ No _____ N/A _____	
Equipment labeled with laser parameters?	Yes _____ No _____ N/A _____	
Access to room controlled?	Yes _____ No _____ N/A _____	
Warning devices used when laser is energized?	Yes _____ No _____ N/A _____	
System interlocks used?	Yes _____ No _____ N/A _____	
Proper eye protection provided?	Yes _____ No _____ N/A _____	
Adequate room illumination?	Yes _____ No _____ N/A _____	
Reflective surfaces in room controlled?	Yes _____ No _____ N/A _____	
Elements in the beam path secured?	Yes _____ No _____ N/A _____	
Radiological Safety Committee Approval Conditions		
Interim Review by Radiological Safety Officer		
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	_____	_____
	<i>Signature of Radiological Safety Officer</i>	<i>Date</i>
Final Action by Radiological Safety Committee		
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	_____	_____
	<i>Signature of Radiological Safety Committee Chair</i>	<i>Date</i>
Permit Number	Valid Until	