

Directions for Completing the Application for Laser Approval

Please print legibly. Do not leave any sections blank.

Section 1—Applicant Information

- Fill in your name, position, department, office/lab phone number, fax number and email address.
- If you wish to have an Approval Safety Coordinator (ASC), write this person's name in the appropriate blank and provide the current University of Arizona email address for this person.

Section 2—Hazards Associated with your Proposed Use (other than the laser beam)

- Check off any and all that apply.

Section 3—Proposed Use Categories

- Check off any and all that apply. If you choose "Other", please describe.

Section 4—Previous Laser Experience

- Starting with the most recent, list your experience with lasers
- If you have no previous laser experience write NONE

Section 5—Formal & On-the-Job Laser Safety Training

- Starting with the most recent, briefly describe any laser safety training that you have had. This does not have to be an extensive listing, but must be accurate.
- If you have no previous laser safety training, write NONE.

Please read the statement.

Sign and date the application.

Send completed original form to:

Research Laboratory & Safety Services
PO Box 245101
AHSC (or Tucson, AZ 85724-5101)

Hand deliver between 8 AM and 3 PM to:

Babcock Building
1717 E. Speedway Blvd., Suite 1201(Building 151)

Scan and email original form to:

rlss-rad-support@email.arizona.edu

UNIVERSITY OF ARIZONA APPLICATION FOR LASER APPROVAL

SECTION 1 APPLICANT INFORMATION

Approval Holder Name:		Position:
	First MI Last Degree	
Department:	Approval Safety Coordinator:	
Office Phone:	Lab Phone:	Fax:
Approval Holder e-mail:	Approval Safety Coordinator e-mail:	

SECTION 2 HAZARDS ASSOCIATED WITH PROPOSED USE (check all that apply)

- Human Applications Animal Applications Hazardous Gases Outdoor Use
 Laser Generated Air Contaminants Collecting Optics Toxins High Voltage (>15 kVp)

SECTION 3 PROPOSED USE CATEGORIES

- Spectroscopy Optical Properties of Materials Data Storage Holography
 Fiber Optics Communications Material Processing Imaging
 Light Source Molecular Manipulation Other

SECTION 4 PREVIOUS LASER EXPERIENCE

Laser Type/Medium	Hazard Class	Max Output Power	Dates/Duration of Experience	Institution/Organization

SECTION 5 FORMAL AND ON-THE-JOB LASER SAFETY TRAINING

Institution/Organization	Title/Description and Duration (Course or On-The-Job)

I have read and understand the Laser Protection Reference Guide and understand my responsibility for the use and disposition of lasers assigned to me in strict compliance with the rules and regulations administered by the Nonionizing Radiation Safety Committee and Research Laboratory & Safety Services of the University of Arizona.

I am aware that any fines imposed on anyone working under my supervision or civil penalties levied by any regulatory authority because of deficiencies in work being done under my approval will be paid out of my departmental funds. (It is understood this authority is based upon a directive from the Senior Vice President for Research.)

Signature: _____

Date: _____

FOR RLSS USE ONLY: APPROVAL #: _____ RLSS REVIEW _____ LRPC REQUIRED? Y ___ N ___ APPROVAL TYPE _____