

LASER USE APPLICATION (LUA)

Date: _____

Name of Principal Investigator: _____ Department: _____

Phone Number: _____ Email: _____

Name of Laboratory Contact: _____ Phone Number: _____ Email: _____

Location of Laser (building and room): _____ Date of Manufacture: _____

Serial Number: _____ Type of Lasing Medium / Laser Type: _____

Laser Information

Laser Classification Marked on Laser (circle one): 3B 4
Continuous Wave Pulsed Wave
Wavelength(s): _____ (nm) Wavelength(s): _____ (nm)

Max. Op. Power: _____ (W) (W) Pulse Duration: _____ (sec)

Avg. Op. Power: _____ (W) (W) Pulse Frequency: _____ (Hz)

Max Op. Energy: _____ (J) Avg. Op. Power: _____ (J)

Beam Diameter at aperture: _____ (mm) Beam Divergence: _____ (mrad)

Laser Use (describe briefly):

Check all items that apply:

- | | |
|--|---|
| <input type="checkbox"/> Use of Cryogenes | <input type="checkbox"/> Use of Pumping Laser |
| <input type="checkbox"/> Use of Compressed Gases | <input type="checkbox"/> Beam Focusing Optics |
| <input type="checkbox"/> High Voltage Power Supplies | <input type="checkbox"/> UCB Fabricated Laser |
| <input type="checkbox"/> High Voltage >30 kVp | <input type="checkbox"/> UCB Modified Laser |
| <input type="checkbox"/> Dye Laser | <input type="checkbox"/> Freq. Doubling Crystal |
| <input type="checkbox"/> Exposed Beam Paths | <input type="checkbox"/> Tunable Laser |
| <input type="checkbox"/> High Noise Levels | <input type="checkbox"/> Invisible Beam |
| <input type="checkbox"/> Laser Cutting/Welding | |

Changes, questions, comments and/or details:

Attach the appropriate protocol(s) or SOP to this Permit Application along with subsequent annually review documentation and signatures.

Questions? Please call the Radiation Safety Officer at (251) 460-7063.