

Form: LA1

**Application for Use of Laser Facility**

**IMPORTANT:** All classes 3B and 4 lasers used at LSU Health are required to have an approval from the Laser Safety Officer through the Radiation Safety Office. Safe use of laser and procedural compliance are the responsibilities of the Principal Investigator.

Date: \_\_\_\_\_

New Facility       Amendment

1. Principal Investigator: \_\_\_\_\_ 2. Department: \_\_\_\_\_

3. Position: \_\_\_\_\_ 4. Phone: \_\_\_\_\_

5. Office Location: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Authorized Users

	<u>Name</u>	<u>Department</u>	<u>Position</u>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____
f)	_____	_____	_____

8. Laser Systems to be Used (attach FORM LR1 for EACH laser system):

	<u>Laser Type</u>	<u>Class</u>	<u>Operating Wavelength (nm)</u>	<u>Max. Power (W)/ Pulse Energy (J)</u>	<u>Pumping Laser</u>
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____
e)	_____	_____	_____	_____	_____
f)	_____	_____	_____	_____	_____

9. Locations of Use (sketch the relative location of the laser system(s) in the designated room on back):

	<u>Building</u>	<u>Room</u>	<u>Type of Use (experimental, industrial, teaching, etc.)</u>	<u>Laser System(s)</u>
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____
d)	_____	_____	_____	_____

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10. Provide a brief outline for the application of the laser system(s).

11. Attach standard operating procedures (SOPs) for the alignment and operation of each laser system.

12. Is there any chance that gas or aerosols will be formed? If so, what method(s) will be used to prevent inhalation of the released gas or aerosols?

13. Indicate what methods will be used to define a laser control area. This area is designated where the laser has the potential to cause injury (the entire room, inside laser curtain, behind protective barrier, etc.).

14. Specify precautions and procedures to be used by personnel to:

Prevent eye and/or skin injuries (attach emergency SOPs)?

Prevent unauthorized use or removal of the laser system?

Prevent beam exposure in work areas and in adjacent area?

15. Laser Safety Eyewear

	<u>Manufacturer</u>	<u>Wavelength Protected</u>	<u>Optical Density</u>	<u>ANSI Approved</u>
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____

I certify that the provided information contained in this form is true and correct to the best of my knowledge and belief. The required forms (LR1) and SOPs are attached.

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved (Chair of RSC/RSO): \_\_\_\_\_ Date: \_\_\_\_\_

Approval Number: \_\_\_\_\_