MEMORANDUM

TO: Applicant

FROM: Radiological Safety Staff
Environmental Health and Safety

SUBJECT: Laser Permit Application

Attached is an application for a permit to possess and use laser(s) at Texas A&M University. The Adobe Acrobat PDF file must be completed, printed, and then signed. The Laser Safety Committee requires this information before a permit can be approved.

All applicants are required to demonstrate training and experience in laser device operation. In addition, the Laser Safety Committee requires that an applicant and authorized users complete an online General Laser Safety Training course offered by Environmental Health and Safety. Please complete this training course by clicking here: https://ehsdtraining.tamu.edu/. A laser application is considered complete when the following items are received by EHS:

1. Complete and signed laser application form
2. Schematic or drawing of proposed use location for all laser(s)
3. Standard Operating Procedures (SOP's) for the laser lab.
4. A copy of the specification sheet that accompanies this laser(s).

By signing the laser application, you are attesting that you have read the University Laser Program Manual. The manual (17 pages) can be found on the Radiological Safety web page at https://ehs.tamu.edu/programs/radiological-safety.html.

You may contact EHS and ask for Radiological Safety at (979) 845-2132 or by e-mail at radiological-safety@tamu.edu if you have any questions.

Thank You.

Radiological Safety Staff

Laser Permit Application

All class IIIb and IV lasers used at Texas A&M University are required to have a permit from Environmental Health and Safety (EHS) [Refer to Section 3.1 of the Laser Safety Program Manual]. Safe laser use and procedural compliance is the responsibility of the laser permit holder. ***To apply for a permit, complete this application and submit it along with any necessary attachments to radiological-safety@tamu.edu or TAMU Environmental Health and Safety via MS. 4472. Contact (979) 845-2132 for any questions.***

PERSONAL INFORMATION

NAME AND TITLE:		EMAIL:
OFFICE PHONE:	INSTITUTION/ CAMPUS ADDRESS: *(include Campus, department, mail stop, building and room no.)*	
ALTERNATE:	ALTERNATE EMAIL:	

LASER DEVICE INFORMATION

SERIAL #:	MANUFACTURER:	MODEL:
CLASS (circle one): IIIb OR IV	DESCRIPTION (Dye, Argon, Diode, Excimer, etc.):	
LOCATION (BUILDING/ROOM):	INVENTORY # (If Applicable):	
BEAM DIAMETER (mm):	BEAM DIVERGENCE (milliradian):	WAVELENGTH (nm):
EXCITATION MECHANISM (Optical, electrical, chemical, etc.):	LENS or FIBER OPTIC SPECIFICATIONS (If Applicable):	

OPERATION MODE (select one)

PULSED OR Q-SWITCHED

PULSE DURATION (s):
PULSE FREQUENCY (Hz):
AVG. JOULES/PULSE (J):
MAX. JOULES/PULSE (J):
MAX. POWER (W):

CONTINUOUS WAVE

AVG. POWER (W):
MAX. POWER (W):

IF REGISTERING MORE THAN ONE LASER, INCLUDE INFORMATION FOR LASER 2, 3, ETC. ON ADDITIONAL LASER DEVICE INFORMATION PAGE(S).

USE CATEGORY (*Check all that Apply*)

- ☐ Human *(Healing Arts)*
- ☐ Veterinary
- ☐ Industrial *(Engravers, 3D Printers, etc.)*
- ☐ Research
- ☐ Academic/Educational *(Classroom & Demonstration lasers)*
- ☐ Mobile *(Fixed on vehicles, or used at temporary job sites)*

Please attach a schematic of the proposed use location showing the location of laser device(s), a picture of the laser device to be added, and a copy of the manufacturer's specification sheet if available.

List the name and title of each individual who will use or directly supervise the use of the laser device. Include names of technicians and students (please designate one of the users as an alternate/lab contact and include his/her office phone #).

Statement of training/experience of applicant: Include training courses completed, laser device operation experience, and the type of work performed. Certificates of completion may be attached if possible.

Safety protocols: Describe procedures or engineered safety features which will be used to minimize hazards during operation of the laser device.

Statement of use: Describe the purpose for which the laser device(s) will be used. Use additional sheets, if necessary.

I have read and understand the University Laser Safety Program Manual regarding laser safety and accept responsibility, as the permitted user, for all lasers used under my permit as stated in section 4.1 (Permit Holder).

PERMIT HOLDER:

_____ _____

Signature Date

_____

Please print or type name

DEPARTMENT HEAD (or Designee):

_____ _____

Signature Date

_____

Please print or type name

State law requires that you be informed of the following: (1) you are entitled to request the information collected through this form about yourself (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Contact: radiological-safety@tamu.edu or (979) 845-2132.

ADDITIONAL LASER DEVICE INFORMATION

SERIAL #:	MANUFACTURER:	MODEL:
CLASS (circle one): IIIb OR IV	DESCRIPTION (Dye, Argon, Diode, Excimer, etc.):	
LOCATION (BUILDING/ROOM):	INVENTORY # (If Applicable):	
BEAM DIAMETER (mm):	BEAM DIVERGENCE (milliradian):	WAVELENGTH (nm):
EXCITATION MECHANISM (Optical, electrical, chemical, etc.):	LENS or FIBER OPTIC SPECIFICATIONS (If Applicable):	

OPERATION MODE (select one)

PULSED OR Q-SWITCHED

PULSE DURATION (s):
PULSE FREQUENCY (Hz):
AVG. JOULES/PULSE (J):
MAX. JOULES/PULSE (J):
MAX. POWER (W):

CONTINUOUS WAVE

AVG. POWER (W):
MAX. POWER (W):

Laser _____ of _____