

Laser Permit Amendment

Please complete and submit it along with any necessary attachments to radiological-safety@tamu.edu or TAMU Environmental Health and Safety via MS. 4472. Contact (979) 845-1361 for any questions.

PERMIT INFORMATION:			
PERMIT HOLDER:	PERMIT NUMBER:		DEPT:
OFFICE PHONE:	MAIL STOP:		EMAIL:
TYPE OF ACTION:			
☐ Additional Use Location		☐ Add Equipment	
☐ Remove a Use Location		☐ Delete Equipment	
For the addition or removal of a use l equipment, please complete BOTH se		e section A . For th	e addition or deletion of new laser
SECTION A:			
LASER SERIAL #:	MANUFACTURER:		MODEL:
PROPOSED USE LOCATION (BUILDING/ROOM):		TAMU ASSET#:	l

<u>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.</u>



SECTION R

SECTION B.	
CLASS: IIIb or IV	DESCRIPTION (Dye, Argon, Diode, Excimer, etc.):
BEAM DIAMETER (mm):	BEAM DIVERGENCE (milliradian):
EXCITATION MECHANISM (Optical, electrical, chemical etc.):	, WAVELENGTH (nm):
LENS or FIBER OPTIC SPECIFICATIONS (If Applicable):	
USE CATEGORY (Check all that apply)	
☐ Human (Healing Arts)	Academic/Educational (Classroom & Demonstration lasers
☐ Veterinary	☐ Mobile (Fixed on vehicles, or used at temporary job sites)
☐ Industrial (Engravers, 3D Printers, etc.)	
Research	
OPERATION MODE (select one) PULSED OR Q-SWITCHED	CONTINUOUS WAVE
PULSE DURATION (s):	AVG. POWER (W):
PULSE FREQUENCY (Hz):	MAX. POWER (W):
AVG. JOULES/PULSE (J):	THE OWNER (TO)
MAX. JOULES/PULSE (J):	
MAX. POWER (W):	
Statement of use: Describe the purpose for which t necessary.	he laser device(s) will be used. Use additional sheets, if



Safety protocols: Describe procedures or engineere during operation of the laser device(s):	ed safety features which will be used to minimi	ize hazards
DEDMIT HOLDED.		
PERMIT HOLDER:		
	_	
Signature	Date	
	_	
Please print or type name		
DEPARTMENT HEAD (or Designee): *Required for r	new use locations only.	
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 that information corrected at no charge to you.