

## Texas A&M University Laser Safety Program

### 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) [See Section 6.1 of the Laser Safety Program Manual]. Safe laser use and procedural compliance is the responsibility of the laser permit holder.*

To register your laser(s), please complete a separate form for each laser and send it to:

**TAMU Laser Safety Officer, EHS, Mail Stop 4472**

### PERSONAL INFORMATION

PERMITTEE:	POSITION:	DEPT:
OFFICE PHONE:	MAIL STOP:	EMAIL:
ALTERNATE:		ALTERNATE EMAIL:

### LASER DEVICE INFORMATION

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

MODE (select one)

CONTINUOUS WAVE

PULSED or Q-SWITCHED

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

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

\*\*\*PLEASE INCLUDE A COPY OF THE SPECIFICATIONS SHEET THAT ACCOMPANIES THIS LASER\*\*\*

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.

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

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



**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).**

**PERMITEE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name

**DEPARTMENT HEAD (or Equivalent):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (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](mailto:radiological-safety@tamu.edu) or (979) 845-1361



**\*TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH AND SAFETY**

Date received by EHS \_\_\_\_\_

Reviewed by Radiological Safety Officer/Designee \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Chair, Radiological Safety Committee**

\_\_\_\_\_  
**Date**

Comments: \_\_\_\_\_

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**Member, Radiological Safety Committee**

\_\_\_\_\_  
**Date**

Comments: \_\_\_\_\_

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\_\_\_\_\_  
**Member, Radiological Safety Committee**

\_\_\_\_\_  
**Date**

Comments: \_\_\_\_\_

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