

**LASER USE AUTHORIZATION
 REQUEST**

Instructions; For all proposals involving the use of lasers, complete, sign and submit this form to the Environmental Health, Safety & Risk Management office (Smith House 736 Oscar Smith Ave.) for review by the Laser Safety Officer and/or the Laser Safety Committee as applicable.

1. Principal Investigator

Name: _____ Office Phone: _____
(First, M.I., Last)

Department: _____ e-mail address: _____

2. Briefly describe your proposed use of lasers:

3. List all lasers to be used:

| <u>Manufacturer</u> | <u>Model</u> | <u>Serial Number</u> | <u>Building</u> | <u>Room #</u> |
|---------------------|--------------|----------------------|-----------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Note:

Class IIIb and IV lasers are required to be registered with the Texas Department of State Health Services Bureau of Radiation Control. Complete a Restricted Laser Registration form (RMS-LSF-002) for each laser of this type.

4. List all personnel who will be authorized to use lasers in this project:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. Check all safety precautions that will be used for this project:

Posting of warning signs

Restricted access to Control Area

Personal protective equipment

Identify type to be used:

All authorized users have been trained in laser safety.

I certify that all information in this Request for Authorization is complete, true and correct.

Submitted by:

Principal Investigator

Date

Reviewed by:

Signature of Laser Safety Officer

____/____/____
Date

Approved by:

Signature of Chair of Laser Safety Committee

____/____/____
Date