For all research proposals involving the use of lasers, complete, sign and submit this form to Risk Management Services for review by the Laser Safety Officer or the Radiation Safety Committee as applicable.

Principal Investigator

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Title | | Department |  |  |
|  | |  | | |
| Daytime Phone # | Email Address | | Office Location | |
|  |  | |  | |

Laboratory Information

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory(s) where the laser(s) will be used | | Location(s) where the laser(s) will be used | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| Additional names of person(s) using the laser under the PI’s license | | | |
|  |  | |  |
|  |  | |  |
|  |  | |  |

Laser Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Briefly describe the proposed research use of lasers. | | | | |
|  | | | | |
| List all lasers to be used in the research (attach additional pages if necessary). | | | | |
| Manufacturer and Model | Serial # | Building and Room # | | TBRC Registered? |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| List all personnel who will be authorized to use lasers in this research project. | | | | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |

Safety Precautions

|  |  |
| --- | --- |
| Mark all safety precautions that will be used for this research project. | |
| Posting of warning signs | Restrict access to controlled areas |
| Appropriate Personal Protective Equipment utilized | Identify laser type(s) to be used |
| All authorized persons trained in laser safety |  |

Applicant Information

|  |  |  |
| --- | --- | --- |
| Provide the names and signatures of the applicant(s) that will be using the laser or laser system. Attach additional pages if necessary. | | |
| Applicant | Department | Daytime Phone # |
|  |  |  |
| Campus Address | | |
|  | | |
| List past experience with lasers (formal course work, on-the-job training, etc.). | | |
|  | | |

Protocol: Attach additional pages per laser as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Laser Classification | Attach procedures for utilizing your laser, to include: | | | |
|  | * Brief description of the experimental procedures. * Detailed safety precautions to be taken to minimize laser exposure. | | | |
| Briefly describe the work to be performed with the laser. | | | | |
| Wavelength Range | | Emission Duration | | Maximum Power or Energy |
|  | |  | |  |
| Describe the training that personnel using the laser have received. | | | Describe any special hazards and measures for those hazards. | |
|  | | |  | |
| What kind of facility will the laser be used at? | | | | |
| Research Lab  Teaching Lab  Office  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Do you have standard operating procedures for general operation, maintenance, and service procedures (required for Class 3b and 4)? | | | Will operation of this laser or laser system involve using lasers for veterinary medicine or surgical applications to animals? | |
| ☐ Yes ☐ No If yes, please describe. | | | ☐ Yes ☐ No If yes, please explain. | |

Applicant Acknowledgement and Agreement

**I certify that I have read, understand and am willing to abide by UNT regulations governing the use, procurement, handling, storage, transfer and disposal of lasers. I further agree to submit to physical examination if called upon and waive my right to any recourse against UNT for any damage resulting from my failure to conform to pertinent rules, regulations and memoranda.**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Principal Investigator (Print Name)** |  | **Signature** |  | **Date** |

Comments

|  |
| --- |
|  |

Radiation Safety Committee Action

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved |  | Deferred for Revision |
|  | Approved with Provisions |  | Disapproved |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Laser Safety officer or Chair of Radiation Safety Committee (Print Name)** |  | **Signature** |  | **Date** |