LASER USE APPLICATION (LUA)

Date: _____

Name of Principal Investigator: _____ Department: _____

Phone Number: _____Email: _____

Name of Laboratory Contact: _____Phone Number: _____Email: _____

Location of Laser (building and room): _____ Date of Manufacture:_____

Serial Number: _____ Type of Lasing Medium / Laser Type: _____

Laser Information

Laser Classification Marked on Laser (circle one): 3B 4

Continuous Wave	Pulsed Wave
Wavelength(s):_____ (nm)	Wavelength(s):_____ (nm)
Max. Op. Power: _____(W)	(W) Pulse Duration: _____ (sec)
Avg. Op. Power: _____ (W)	(W) Pulse Frequency:_____ (Hz)
Max Op. Energy: _____ (J)	Avg. Op. Power:_____ (J)

Beam Diameter at aperture: _____(mm) Beam Divergence: _____(mrad)

Laser Use (describe briefly):

Check all items that apply:

☐ Use of Cryogens
☐ Use of Compressed Gases
☐ High Voltage Power Supplies
☐ High Voltage >30 kVp
☐ Dye Laser
☐ Exposed Beam Paths
☐ High Noise Levels
☐ Laser Cutting/Welding
☐ Use of Pumping Laser
☐ Beam Focusing Optics
☐ UCB Fabricated Laser
☐ UCB Modified Laser
☐ Freq. Doubling Crystal
☐ Tunable Laser
☐ Invisible Beam

Changes, questions, comments and/or details:

Attach the appropriate protocol(s) or SOP to this Permit Application along with subsequent annually review documentation and signatures.

Questions? Please call the Radiation Safety Officer at (251) 460-7063.