

**Old Dominion University**  
Laser Safety Committee

**Application for the Operation of Lasers and Laser Systems**

This application must be approved by the Laser Safety Officer. The applicant must be a Laser System Supervisor, or a person applying concurrently for Laser System Supervisor status. Complete both pages of this form and return it to the Environmental Health and Safety Office. Amendments to this protocol must be submitted to the Laser Safety Officer on LSC-4.

**Name:**

**Date:**

**Department:**

**Office:**

Building:

Room No.:

Phone:

**Location of Proposed Use:**

Building:

Room No.:

Phone:

**Certification:**

The signature below affirms that the applicant has read and will comply with the rules, policies and procedures of Old Dominion University's Laser Safety Committee. The applicant accepts the responsibility for maintaining current knowledge of those rules, policies, and procedures governing the use of lasers and laser systems. The applicant also assumes the responsibility for promptly informing the Committee of significant changes in the operation and operating characteristics of the laser or laser system, and of relocation of the laser or laser system, and personnel changes.

**Signature:** \_\_\_\_\_

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*Laser Safety Committee Use*

Approval: Laser Safety Officer \_\_\_\_\_

Committee Member \_\_\_\_\_

Committee Member \_\_\_\_\_

LSC-1 (5/00)

**I. Laser Characteristics:**

(Complete a separate page 2 for each laser; attach any additional experimental protocols)

**A. Type of Laser:**

**B. Manufacturer:**

**C. Serial or Identification Number:**

**D. Operating Wavelength(s):**

**E. Peak Power or Energy:**

**F. Output Type (CW, pulsed):**

**G. For Pulsed Lasers:**

1. Pulse Width:
2. Repetition Rate:
3. Pulse Energy:

**H. Beam Diameter:**

**I. Beam Divergence:**

**II. Intended Use of Laser /Experimental Protocol:**

In the space below describe the intended use of the laser or laser system, or experimental protocol. Attach additional sheet(s) if necessary:

**III. Laser Safety Considerations:**

(Attach separate sheets if needed)

**A. Facilities:**

Briefly describe the facilities in which you will be operating the laser(s) or laser system(s). Describe such details as how the laser or laser system will be situated in the laboratory, access to the facility, occupancy and layout. Include a floor plan on a separate page showing significant features.

**B. Security and Access to Laser(s) or Laser System(s):**

Describe what measures or built-in devices prevent unauthorized operation of the laser or laser system.

**IV. Standard Operating Procedures:**

**A. Are standard operating procedures documented?**

**B. Documented standard operating procedures located:**

Building:

Room No.:

**C. Are standard operating procedures accessible to all operators of the laser(s) or laser system(s)?**

**V. Personal Protective Equipment:**

**A. Do operators have access to protective eyewear?**

If “yes” include pertinent information about the eyewear such as the type and optical density of the lenses:

**B. If applicable, is protective eyewear available for visitors/spectators ?**

If “yes” include pertinent information about the eyewear such as the type and optical density of the lenses:

**C. Do operators have access to skin protection ?**

If “yes” include pertinent information about the protective devices such as the type and frequency of use:

**D. Describe any other devices used as personal protective equipment:**

**VI. Signs, Labels and Warning Devices:**

Describe the usage of signs, labels, and warning devices in your facility.

**VII. Ancillary Laser Hazards:**

Will the operation of the laser or laser system cause potential ancillary hazards such as laser generated air contaminants, dyes etc.?

If “yes” describe type(s):

**VIII. Personnel:**

List the names of employees who will operate the laser or laser system:

**IX. Emergency Procedures**

**A. Describe emergency procedures for shut-down, medical emergencies etc.:**

**B. List the names and phone numbers of 2 persons that may be contacted after normal working hours in case of emergency:**

Name:

Phone:

Name:

Phone: