

DUKE UNIVERSITY AND DUKE MEDICAL CENTER

APPLICATION FOR AUTHORIZATION TO USE CLASS 3B AND/OR CLASS 4 LASERS OR LASER SYSTEMS

This form must be typed or printed plainly. Email the completed form to the Radiation Safety Division at radsafety@dm.duke.edu. Retain a copy for your records.

If lasers are to be used for research on humans, please contact the Radiation Safety Division for more information.

It is recommended that you review the Duke Laser Safety Manual (available at the Duke OESO website) before completing this form to understand the requirements and responsibilities of a Principal Laser User (PLU).

1. Applicant Identification: Please attach a current resume/CV to this application

Name: _____	Work Phone: _____
Department: _____	Email Address: _____
Faculty Rank: _____	

2. Applicant’s Training and Experience with Lasers:

List any formal training in laser safety practices that you have received. Be sure to specify the type of training (e.g. laser protection principles or controls, laser beam measurement and monitoring, characteristics of non-ionizing radiation, biological effects of laser exposure, safe laser handling and use).

Types of Training	Institution and Dates	On the Job	Formal Course
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. List of Lasers in the lab/clinical area:

Class (ex. 3B)	Model	Power (W)	Wavelength (nm)	Pulse freq. (Hz)	Pulse Duration (s)	Type (ex. Ti:Sa, Nd:YAG)	Location

4. Laser User Identification:

Identify a lab manager (if not yourself) who will serve as a primary contact for laser safety concerns in your laboratories.

Lab Manager Name	Email Address	Position	Duke ID Number

5. Applicant Signature:

I certify that the above information is complete and accurate to the best of my knowledge.

Applicant Signature

Date

6. Review and Approval

To be completed by the Radiation Safety Division:

Special conditions applicable to this Authorization

To-do items	Completed?	Comments
Laser(s) Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
DLS Tags	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser lab walkthrough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser Hazard Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser Eyewear Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser SOP review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Laser Warning Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Auditor assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Laser Laboratory Authorization (LLA) Number: _____

RSO/LSO Approval Signature: _____ Date: _____