

DUKE UNIVERSITY AND DUKE MEDICAL CENTER LASER TRANSFER FORM (Class 3B & 4)

This form must be typed or printed plainly. Email completed form to the Radiation Safety Division at radsafety@dm.duke.edu.

For laser transfers within Duke, please verify that the PI receiving the lasers has a Laser Laboratory Authorization (LLA). An Application for Laser Authorization form must be completed and submitted to Radiation Safety Division for unauthorized PIs prior to transfer.

1. Laboratory Information:

PI Name: _____	LLA Number: _____
PI Email: _____	Office Building: _____
PI Phone: _____	Office Room: _____

2. Laser Device Information

If the laser being transferred is not currently registered with Radiation Safety Division, the PI will need to submit a completed Laser Registration Form prior to approval of transfer.

DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

3. Transferor Signature:

I certify that the above information is true and correct and that the lasers listed are no longer possessed by my lab		
_____	_____	_____
Signature		Date

4. Receiver Signature:

I certify that the lasers listed above have been received by my lab		
_____	_____	_____
Signature		Date

A hazard analysis must be completed to ensure all applicable safety control measures are in place prior to use.

5. Radiation Safety Signature

Representative Name (Print):	_____
Signature:	_____
Date:	_____

Additional Laser Device Information

DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

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Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	

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DLS Number:		Transferred to (PI):	
Manufacturer:		New LLA Number:	
Model:		New Location:	
Serial Number:		Date of Transfer:	