

Laser Use Authorization Form

Part I- Laser Registration

NOTE: All lasers of Class 3B and Class 4 must be registered with the Environmental Health and Safety Office.

- Please complete this form for each Class 3B or 4 laser you plan to acquire (or already have) and email to ehs@chapman.edu.
- An email confirmation will be sent to the applicant notifying the receipt of Part I and Part II of this LUA application.
- EH&S approval is required before putting laser into operation. Allow up to 30 days from receipt of completed LUA application, Part I and Part II.

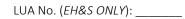
Section A: Laser Holder and Gene	eral Inf	formation			
Principal Investigator (PI):					
Office Phone Number:			E-mail Address:		
Laser Operator(s):		Paid Staff/Faculty ☐ Enrolled Students ☐ Volunteer Employees ☐ Visitors			
Laser Manufacturer:		☐ Chapman Fabricated Laser			
Model Number:			Serial Number:		
Type of Laser Equipment:					
Type of Registration:		 □ New laser/laser system acquisition or installation □ Alteration/ transfer/status change of an existing laser system* (Explain Comments section below). 			
Section A: Location and Laser De	tails				
Department:		Building:		Room Number:	
Laser Classification (Check one):		 □ Class 3B (5-500 mW) or (≤125 mJ pulsed) □ Class 4 (>500 mW) or (>125 mJ pulsed) 			
Active Medium (i.e. Argon, Ruby	, Nd:Y	·	, , , , , , , , , , , , , , , , , , , ,	- P 7	
Tunable Laser? (Check one):		☐ Yes ☐ No	Details:		
Wavelength(s) (nanometers)					
Beam Divergence		mrad			
Beam Diameter at laser output:		mm			
Purpose and Frequency of Use:					
Research Classroom			1		
☐ Continuous Wave		Average		Maximum Power	
		Power (W):		(W):	
☐ Repetitively Pulsed		Energy per		Pulse repetition	
☐ Single Pulse		Pulse (J): Pulse duration (nsec):		frequency (Hz): Pulse width (s):	
☐ Q-Switched		Peak Pulse Power (W):		Peak Power Density (W/cm²):	

^{*}Alterations include any changes(s) that substantially increases or decreases the output or wavelengths produced. Relocation from one workspace to another or transfer to a new owner is also an "alteration."



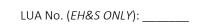
Please check all items that apply to your operation:	
☐ Invisible Beam (IR or UV)	
☐ Exposed Beam Path	
☐ Chapman Modified Laser	
☐ High Voltage (660V)	
☐ Beam Focusing Optics	
☐ Frequency-doubling Crystal	
☐ Multi-Use Room	
☐ Outdoor Use	
☐ Laser Cutting/Welding	
☐ Public Theater	
☐ Creative Arts	
☐ 3-D Printer	
Comments:	
Laser Use Status: ☐ Ready to Use ☐ In Storage (useable, stored) Needs Repair (not useable)
Principal Investigator's Signature:	Date:

By manually signing this form or printing my name electronically, I acknowledge that all statements are true and accurate. I certify the laser(s) will be used as described in this application and that all applicable provisions of the State of California Code of Regulations pertaining to the use of lasers and all Chapman University policies, guidelines, and standard operating procedures and specific approval conditions required by EH&S now or hereafter in effect will be observed.





Section C: All personnel	authorized to use lasers and/o	or laser systems under this LU	A must be listed below:
First	Last	Email Address	ID#





Part II- Laser Use Details- Required for LUA

Α.	For lasers mothballed and not used.
	1. This laser is in storage and not in use.
	2. I understand that I will notify the LSO if there is any change, such as prepare it for use or if I
	dismantle/discard or sell/transfer it.
	3. If I decide to put this laser/laser system into use, I will fill out Part II of the LUA application and submit it
	to the LSO.
В.	Security and Access Control
	GOAL: Preventing unauthorized people from entering the control area
1.	How will you prevent unauthorized users from entering the control area? How will you protect visitors,
	custodians or other "civilians" when the laser is operating? Examples: Locks on doors, warning lights,
	signs, training.
	COAL. Bassanting the lease have force lessing the continue to be a sentirely decrease.
2	GOAL: Preventing the laser beam from leaving the optics table or controlled area
2.	,
_	stops or dumps, barriers, and shields (opaque and fire resistant). If none, explain your alternative methods.
L	
	GOAL: Preventing unauthorized access or accidental contact with the laser beam of non-laser users in the
	room/area
3.	Describe the engineering or management controls you will have in palce to prevent room occupants contact
	with the laser beam. Example: infrared and ultraviolet sensor cards, infrared viewers, partitions, lab rules,
	barriers on optics table to protect users working at computer, etc.
	Protective Personal Equipment
C.	
	If NO eye protection will be required, please explain:
	2. When will you require laser users to wear eye protection?



LUA No. (<i>EH&S ONLY</i>):
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	a.	At all times when using the lase	r? 🛘 Yes 🗘 No		
		Specify Details:			
		Wavelength(s) are you protecti	ing against?		
		Duration of Exposure:			
		Specific eyewear required:			
	b.	During alignment? ☐ Yes ☐ No			
		Specify Details:			
		Wavelength(s) are you protecti			
		Duration of Exposure:			
		Specific eyewear required:			
	C	For entry into control area? \[\subseteq \cdot \]	/es □ No		
	C.	Specify Details:			
		Wavelength(s) are you protecti	ing against?		
		Duration of Exposure:			
		Specific eyewear required:			
		Specific eyewear required.			
	٨	For ontry to room? (Including vi	sitors\		
	u.	For entry to room? (Including vi	•		
		Specify Details:			
		Wavelength(s) are you protecti			
		Duration of Exposure:			
		Specific eyewear required:			
	3 C				
	3. Sp	ecify the type of protective eyew	ear available to lase	er users in the area.	
	3. Sp	ecify the type of protective eyew	ear available to lase		O.D.
	3. Sp	. ,, ,		Rated Wavelength	O.D.
	·	. ,, ,			O.D.
	A	. ,, ,			O.D.
	A B	. ,, ,			O.D.
	A B C	. ,, ,			O.D.
	A B C	. ,, ,			O.D.
 	A B C D	Brand	Model	Rated Wavelength	
D.	A B C D	istrative attach written safety operating p	Model procedures (SOPs) for	Rated Wavelength or such tasks as Alignments, En	
D.	A B C D	Brand	Model procedures (SOPs) for	Rated Wavelength or such tasks as Alignments, En	
D.	A B C D Admin Please Shutdo	istrative attach written safety operating p	Model procedures (SOPs) fewear Use with this	or such tasks as Alignments, En	mergency
D.	A B C D Admin Please Shutdo	istrative attach written safety operating pown, Powering-up, and Laser Eye	Model procedures (SOPs) fewear Use with this	or such tasks as Alignments, En	mergency
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