



UC San Diego

ENVIRONMENT, HEALTH AND SAFETY

LASER USE AUTHORIZATION APPLICATION

Principle Investigator: _____
(Last, First, Middle Initial)

Office Phone: _____

E-mail: _____

Lab Phone: _____

Academic Title: _____

Mail Code: _____

Department: _____

Lab Manager/Contact: _____

Phone: _____

Lab Manager/Contact e-mail: _____

Laser Safety Standard Operating Procedure: attached / not attached

The laser safety standard operating procedure is required for class 4 and strongly recommended for class 3B lasers or laser systems. Multiple lasers used for the same setup may qualify as one laser system. The [Laser Safety Standard Operating Procedure template](#) can be downloaded and modify for each system specific needs.

Laser Equipment Registration: attached / not attached

Complete and submit a [Laser Equipment Registration Form](#) for each class 3B and/or 4 laser to be used under this LUA.

List all laser safety eyewear to be used under this LUA

Manufacturer	Quantity	Optical Density @ Wavelength Range (nm)

Laser Use Locations

Building	Room Number

Project Summary

List all personnel authorized to use lasers and/or laser systems under this LUA, each user must submit a [Laser User Enrollment Form](#):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have all of the above listed researchers attended the [UCSD Laser Safety Seminar](#):

Yes / No

If no, list the date by which all proposed users will have attended the Laser Safety Seminar:

I hereby certify that all information in this statement is true and correct. I authorize the release of any past laser radiation exposure history from previous employers to UCSD. I have read, understand and will comply with the requirements of [UCSD Laser Safety](#) Policies.

Submitted by: _____
PI Signature

Date

Please attach a copy of your C.V., and send all completed documents as an attachment to the [Laser Safety Officer](#).