

# PURDUE UNIVERSITY Laser Safety

## Laser Project Application

### Laser Project Information

**Type of Application**

- New Project
- Amendment
- Transfer

**IMPORTANT:** All Class 3B and Class 4 laser use at Purdue University is subject to approval by the Purdue University Laser Safety Committee (LSC) as designated in the policy on Environmental Health and Safety Compliance (IV.A.4). All laser projects must comply with the ANSI Z136.1 laser safety standard to obtain and maintain LSC approval. Environmental Health and Safety (EHS) administers the laser safety program at Purdue University and makes recommendations to the LSC regarding approvals.

Laser Principal Investigator (LPI): \_\_\_\_\_  
Last Name First Name Middle Initial

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Office: \_\_\_\_\_  
Purdue Email Address Preferred Building & Room

1. Laser Systems (attach Registration form [LS-1](#) for each Class 3B and Class 4 laser)
2. Laser Facilities (attach Facility Approval Request form [LF-1](#) for each facility housing a Class 3B or Class 4 laser)
3. Describe how the laser will be used for the project.

4. Attach [standard operating procedures \(SOPs\)](#) for each laser system (*Mandatory SOPs include information about normal operation, routine maintenance, service, alignment, personal protective equipment, emergencies, and any applicable non-beam hazards. The laser manufacturer's manual is not an acceptable substitution.*)

5. Is there any chance that gas or aerosols will be formed?     Yes     No

If so, what method(s) will be used to prevent inhalation of the released gas or aerosols?

6. Indicate what methods will be used to define a Laser Control Area. This area is designated where the laser has the potential to cause injury (the entire room, inside laser curtain, behind protective barrier, etc.).

**Continued on Page 2**

7. Specify precautions and procedures personnel will use to:

a.) Prevent eye and/or skin injuries

b.) Prevent unauthorized use or removal of the laser system

c.) Prevent beam exposure in work areas and in adjacent area

d.) Prevent beam exposure to public (i.e., non-project personnel or individuals) wishing to enter Laser Control Area

8. Laser Safety Eyewear:

| Manufacturer | Wavelength Protection | Optical Densities |
|--------------|-----------------------|-------------------|
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**Laser Principal Investigator Affirmations**

*By signing below, I certify that the information provided is correct to the best of my knowledge. I understand that my ability to use lasers is contingent upon approval of the Laser Safety Committee (LSC). I also understand that I must continually comply with ANSI Z136.1 laser standards to maintain LSC approval. The required forms ([LF-1](#) and [LS-1](#)) and SOPs are attached.*

Principal Investigator (PI) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals**

Approval Recommended (LSO): \_\_\_\_\_ Date: \_\_\_\_\_

Approval Granted (LSC Chair): \_\_\_\_\_ Date: \_\_\_\_\_