

# PURDUE UNIVERSITY Laser Safety

## Laser Facility Approval Request

**Type of Request**

- New Facility
- Amendment

**Laboratory Usage**

- Research & Development
- Teaching & Demonstration
- Research & Application
- Storage Only

**REM Use Only**

Authorization #:	
Database:	
Assistant LSO	LSO

Building: \_\_\_\_\_ Room: \_\_\_\_\_

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

1. Are all personnel working in the Laser Control Area approved laser users?  Yes  No
2. Are laser area warning sign(s) present at the nominal hazard zone?  Yes  No
3. Are standard operating procedures (SOPs) available?  Yes  No
4. Is the laboratory also used as a study/office area?  Yes  No
5. Do you share the laboratory with other LPIs\*?  Yes  No

**Laser Principal Investigator Affirmation**

LPI Name: \_\_\_\_\_ Project Authorization #: \_\_\_\_\_

I affirm that the statements contained in this application are correct and complete to the best of my knowledge.

LPI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete the Facility Sketch on Page 2 of 2**

**REM Laser Safety Officer (LSO) Approval**

- I APPROVE** the addition of this facility to the laser project under which this application is submitted.
- I DO NOT APPROVE** the addition of this facility to the laser project under which this application is submitted.

LSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Only one LPI can have jurisdiction over a unique laser.

## Facility Sketch

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Sketch the facility and outline in red those areas where lasers will be used and/or stored. The laser safety officer will define the Laser Hazard Control Area.

