

**PURDUE UNIVERSITY
Laser Safety**

Laser Facility Approval Request

Laser Facility Information

Type of Request

- New Facility
- Amendment
- Transfer

Facility Usage

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

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

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

Principal Investigator (PI) Signature: _____ Date: _____

Approvals

Approval Recommended (LSO): _____ Date: _____

Approval Granted (LSC Chair): _____ Date: _____

Comments

Complete the Facility Sketch on Page 2 of 2

* 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.

