

APPLICATION FOR USE OF CLASS 3B OR CLASS 4 LASER

A. Principal Investigator (P.I.)

Name _____

Department _____

University Address _____

Telephone _____

University Email _____

B. Alternate P.I.

Name _____

Department _____

University Address _____

Telephone _____

University Email _____

C. Laboratory Supervisor

Name _____

Department _____

University Address _____

Telephone _____

University Email _____

D. Authorized Personnel

Attach a table of all personnel who will have access and work with class 3B & 4 lasers, including the P.I. Include education, training, and laboratory experience:

Name	Education	Rad Safety Training	Laboratory Experience
Ex. Bob Smith	MS – 1999	ISU Laser – 2018	8 yrs Chemistry lab 10 yrs Physics lab

E. Facility Information

Building _____ Room Number _____ Proposed Use _____

Building _____ Room Number _____ Proposed Use _____

Building _____ Room Number _____ Proposed Use _____

Attach floor plans of the rooms to be used. Show location of hoods, sinks, lab benches, optical tables, windows, and proposed equipment set up. Provide a description of floor and bench top materials.

Laser Use Procedures

Proposed use of laser _____

Attach material use SOPs. Information should include: experimental procedure, diagrams, equipment, safety precautions, periods of use, etc.

Will this application seek approval for an academic course? Yes No

ISU course number _____

Will this application seek approval to provide services to other clients? Yes No

How will this device be used? Research Medical procedure Non-destructive evaluation

F. Laser Information

Manufacturer: _____ Model: _____ Serial #: _____

Laser type _____ Hazard class _____

Wavelength(s) _____ Beam shape _____

Beam divergence _____ Beam diameter _____

Operational power _____ Rated power _____

Temporal mode _____ Max. energy/pulse _____

Pulse duration _____ Pulses/second _____

G. Safety Protocols

Attach safety protocols making sure to comment on the safety elements as outlined in the Laser Safety Manual (laboratory specific training, door posting, laser enclosure, security, safety precautions, emergency procedures, required eye wear, etc.)

H. Approval

Authorization will be granted when laser safety training has been completed.

We certify that we have reviewed the applicable safety manuals ([Laser Safety Manual](#)), the [Laboratory Safety Manual](#), and that this application is in accordance with Iowa State University policies and regulations.

Applicant _____

Department Head _____

Send one copy to Environmental Health and Safety, 2408 Wanda Daley Drive, or [email](#).
Retain one copy for your files.