

# LASER USE AUTHORIZATION (LUA) APPLICATION

Date: \_\_\_\_\_

LUA # (LSC use only): \_\_\_\_\_

Responsible User: \_\_\_\_\_

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

Building and room # where laser used: \_\_\_\_\_

Names of Laser Users (must be trained prior to starting work)

First	Last	ID#

Laser Make: \_\_\_\_\_ Laser Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Laser Type: \_\_\_\_\_

Laser Classification (X):      Class 3B      Class 4      Unlabeled  

CW:

Pulsed:

Wavelength (nm): \_\_\_\_\_

Wavelength (nm): \_\_\_\_\_

Max Power (W): \_\_\_\_\_

Pulse Duration (sec): \_\_\_\_\_

Average Power (W): \_\_\_\_\_

Pulse Frequency (Hz): \_\_\_\_\_

Max Energy (J): \_\_\_\_\_

Average Energy (J): \_\_\_\_\_

Beam diameter at aperture (mm): \_\_\_\_\_

Beam divergence (mrad): \_\_\_\_\_

Beam shape: circular, oval, square: \_\_\_\_\_

Description of Laser Experiment(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_