

**West Texas A&M University Laser Safety Program**

**Laser Form 1**

**Laser Permit Application**

All class IIIb and IV lasers used at West Texas A&M University are required to have a permit from the Academic Research Environmental Health and Safety Department (AR-EHS) [See Section 3.1 Registration Information]. Safe laser use and procedural compliance is the responsibility of the faculty or staff member who is assigned as the Laboratory Laser Safety Officer (LSO).

To register your laser, please provide the following information on each laser and send it to:

WTAMU **Laser Safety Officer**, AR-EHS, WT Box 60217 Canyon, TX 79016

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**PERSONAL INFORMATION**

Permittee \_\_\_\_\_ Title/Position \_\_\_\_\_  
Dept. \_\_\_\_\_ Office Phone \_\_\_\_\_ Mail Stop \_\_\_\_\_

Email \_\_\_\_\_

Laboratory LSO (Indicate if different from permittee)

\_\_\_\_\_

**LASER INFORMATION**

Location \_\_\_\_\_ Type (Dye, Gas, etc.) \_\_\_\_\_  
\_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

\_\_\_\_\_

Serial # \_\_\_\_\_ WTAMU or Inventory # \_\_\_\_\_

\_\_\_\_\_

Excitation Mechanism: \_\_\_\_\_

Time-dependent operating properties: (CW, pulse, mode-locked) \_\_\_\_\_

(If CW, power in watts) \_\_\_\_\_

(If pulsed maximum capable energy (joules) \_\_\_\_\_

Minimum pulse duration (sec) \_\_\_\_\_

Maximum Pulse Frequency (per sec) \_\_\_\_\_

Operating Wavelengths (nm) \_\_\_\_\_

Other/notes

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Safety Procedures: By checking these boxes below, you agree that you will abide by the required safety procedures at your facility. Each box must be checked or the application will be considered incomplete.

- Use of proper protective eyewear
- Proper signage, labeling, posting, and barriers
- Operating and safety procedures and operator's manual readily available

Are you performing beam alignment procedure with the Laser?  YES  NO

Are you performing calibration of Laser Equipment?  YES  NO

Are you performing repairs on your laser Equipment?  YES  NO

I have read and understand the 25 TAC 289.301, and WTAMU Laser Safety Program Manual regarding laser safety and my responsibilities and authority as stated in section 4.1 (permittee) and will follow the state regulations and WTAMU requirements.

Permittee Signature \_\_\_\_\_ Date \_\_\_\_\_

PI designated Laboratory LSO signature (if different from Permittee) \_\_\_\_\_

Department Head (Equivalent) Signature \_\_\_\_\_

Date \_\_\_\_\_