UNIVERSITY OF CALIFORNIA RIVERSIDE LASER APPLICATION FORM

	PI General Information						
	PI Nam	e:					
	Title: Laboratory Office: Building:			_ Department:			
			Room: _				
	Dept. O	ffice (if differen	nt from above): Building	_Room		
	Phone #	s: Office	Lab	FAX #	Email		
2.		st recent): Location:	·	experience with	_	_	
						- - -	
		Location: Duties:			to:	- - -	

3. Description of Laser(s)

	aser(s)					
	Laser 1	Laser 2	Laser 3	Laser 4	Laser 5	Laser 6
Location (Bldg and Room#)						
Type ¹						
Laser Class ²						
Manufacturer						
Model and Serial #						
Power output (Watts or milliWatts)						
Wavelength(s) produced(nm)						
Operation Mode ³						
For RP laser only: Pulse Repetition Frequency (Hz)						
For pulsed laser only: Pulse duration						

- 1. Laser Type: Dye, Argon, He-Ne, SLD(Super-Luminescent Diode), embedded (If laser is embedded, please list instrument type (ie, confocal microscope, cell sorter (FACS), gene sequencer, mass spec) in the comments section.
- ANSI hazard class. See label on laser (If the hazard class is 3b or 4, an SOP for each 3b or 4
 laser must accompany this registration. No use will commence until all users have
 completed UCR Laser Safety Training and the SOP is reviewed by the LSO.
- 3. CW=Continuous wave; SP=single pulsed; RP=Repetitively pulsed, QS= Q-switched, ML=mode locked Note: please list all categories that apply

Comments:	 	 	

4. Worker List

List the names of all personnel in your laboratory who will use 3B and 4 lasers. All users of 3b and 4 lasers are required to complete initial UCR laser safety training prior use of the laser.

	NAME	DATE OF MOST RECENT UCR LASER SAFETY TRAINING
Approved: _	Mauria Madura DhD Chair DCC	Date:
	Morris Maduro, PhD, Chair RSC	