



**UNIVERSITY OF CALIFORNIA RIVERSIDE
LASER APPLICATION FORM**

1. PI General Information

PI Name: _____

Title: _____ Department: _____

Laboratory Office: Building: _____ Room: _____

Dept. Office (if different from above): Building _____ Room _____

Phone #'s: Office _____ Lab _____ FAX # _____ Email _____

2. Training and experience (List experience with lasers beginning with the most recent):

Location: _____ from: _____ to: _____

Duties: _____

Location: _____ from: _____ to: _____

Duties: _____

Location: _____ from: _____ to: _____

Duties: _____

3. Description of Laser(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.
2. 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