☐ New
☐ Amendment
☐ Renewal
☐ Transfer

uOttawa

Permit Application for a Laser Emitting Device

(Une version française est disponible)

Return to: *Laser Compliance Specialist*
Office of the Chief Risk Officer
laser.safety@uottawa.ca

Principal Investigator:

Surname: _____ First Name: _____ Position: _____

Faculty: _____ Department: _____ Building: _____ Room:

E-Mail: Phone or Ext: Fax #:

SECTION 1: LASER EQUIPMENT

	Manufacturer	Model Name	Model No.	Serial No.	Location	Laser Type	Class
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

SECTION 2: LASER OPERATING PARAMETERS

	Mode	Wavelength (nm)	Output (W or J)	Beam Properties†		Pulse Width* (FWHM)	Rep Rate* (Hz)	Pulse‡ Separation	# ‡ Pulses
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

* *Write "N/A" for CW lasers*

† *Open Beam:* *Column 1 : Diameter ($1/e^2$ in mm) ;* *Column 2: Divergence (mrad)*
Fibre Coupled: *Column 1: "Single Mode" or " Multimode" ;* *Column 2: N.A. (SM or MM) or Fibre Mode Diameter (SM)*
Lens Coupled: *Column 1: "Lens-coupled" ;* *Column 2: Focal length (mm)*

‡ *For Burst Mode lasers; write "N/A" for other modes*

SECTION 3: LASER SAFETY PRECAUTIONS

Precautions to minimize potential exposure to beam	Yes	N/A	Need	On Order
Protective Housing with Interlocks (Embedded)	☐	☐	☐	☐
Laser curtains / barriers / table curbs	☐	☐	☐	☐
Laser barriers with proper surface treatment (grit-blasted / anodized)	☐	☐	☐	☐
Beam stops, blocks, dumps (beam alignment tools)	☐	☐	☐	☐
Alternate beam viewing tools (fluorescent cards, beam viewers)	☐	☐	☐	☐
Locked laboratory doors (key / keypad)	☐	☐	☐	☐
Audible / Illuminated Warning Device (Class 3B or 4)	☐	☐	☐	☐
Beam tubes (spanning navigable spaces between tables)	☐	☐	☐	☐
Laser signs (according to current ANSI Z136.1)	☐	☐	☐	☐
uOttawa Map with Laser Hazard Symbol	☐	☐	☐	☐

Laser Safety Contact Information:

Surname: _____ First Name: _____

Position: _____ Phone or Ext.: _____

E-Mail: Other Phone:

This individual is responsible for:
(check all that apply – else PI responsible)

- ☐ Lab contact with ORM
- ☐ In-lab safety training
- ☐ Student/undergrad lab supervisor
- ☐ Verifies experimental designs

SECTION 4: LASER SAFETY EYEWEAR

	Manufacturer	Serial No.	Wavelength (nm) & Optical Density (OD)	Quantity
1.				
2.				
3.				
4.				
5.				
6.				

SECTION 5: LASER STANDARD OPERATING PROCEDURES (SOPs)

- ☐ Attached with this application
- ☐ Will be set up before (Date)

Date:

SECTION 6: DESCRIBE THE INTENDED USE AND SPECIAL CONCERNS FOR THESE DEVICES

DECLARATION AND SIGNATURE

I understand that approval for an internal laser permit depends on my compliance with the Laser Safety Program at the University of Ottawa. I am fully aware of the potential dangers associated with the laser systems listed above, and I declare that the information I have provided is true to the best of my knowledge. I understand that the application must be completed before a permit can be issued.

_____ _____

Applicant's Signature Date