



Western
HUMAN RESOURCES
OCCUPATIONAL HEALTH AND SAFETY

CLASS 3B & CLASS 4 LASERS/LASER SYSTEMS PERMIT APPLICATION

Applicant (Person in Charge): _____

Building: _____

Position: _____

Department: _____

Office Telephone: _____

Facility Telephone: _____

Office Room #: _____

Emergency Telephone: _____

E-mail: _____

Contact Person: _____

This application is submitted for the following reason:

- New application □ Renew application □ Relocation of sources
□ Replacement of old sources □ Additional sources □ Acquisition of existing facility from: _____

Lasers/Laser Systems General Information:

Table with columns: Room #, Building, Manufacturer, Model #, Serial #, Laser Type, Laser Class, Wavelength (nm), Power/Energy, Open, Enclosed, Embedded

Note: For each laser/laser system, a Laser Beam Specifications Form must be completed. Enclosed or Embedded laser/laser system that is classified as Class 1 laser equipment (under normal operation) is not required to complete the Laser Beam Specification Form.

Training/Experience Regarding Lasers/Laser Systems and UWO Laser Safety Training Date of the Applicant and/or Contact Person (Use separate paper if necessary)

List of Laser Worker(s) for using Open/Serviceing lasers/laser systems under your supervision

- 1. _____ e-mail: _____ Ext: _____ UWO Training Date: _____
2. _____ e-mail: _____ Ext: _____ UWO Training Date: _____
3. _____ e-mail: _____ Ext: _____ UWO Training Date: _____
4. _____ e-mail: _____ Ext: _____ UWO Training Date: _____

Note:

1 Contact Person will be responsible for the lasers/laser systems when Person in Charge is not available.
2 Laser Worker(s) shall wear appropriate laser safety goggles (where applicable) and receive specific hands-on training from Person in Charge or Contact Person before operating lasers/laser systems.
3 UWO Laser workers who will use an open laser/laser system or will service any laser/laser system shall complete the UWO laser safety training (except certified laser safety personnel from manufacturer)

Signed: Applicant Date

Signed: Department Chair Date

Signed: Radiation Safety Coordinator Date

Signed: Radiation Safety Committee Chair Date

Please send the completed application form to: Hoa Ly, Radiation Safety Coordinator, Room 4190, Support Services Building