LASER USE AUTHORIZATION (LUA) APPLICATION

Date: _____

LUA # (LSC use only): _____

Responsible User: _____

Department: _____

Building and room # where laser used: _____

Names of Laser Users (must be trained prior to starting work)

First	Last	ID#

Laser Make:_____ Laser Model: _____
Serial Number: _____ Laser Type: _____
Laser Classification (X): Class 3B ☐ Class 4 ☐ Unlabeled ☐

CW:

Wavelength (nm): _____
Max Power (W): _____
Average Power (W): _____

Pulsed:

Wavelength (nm): _____
Pulse Duration (sec): _____
Pulse Frequency (Hz): _____
Max Energy (J): _____
Average Energy (J): _____

Beam diameter at aperture (mm): _____
Beam divergence (mrad): _____
Beam shape: circular, oval, square: _____
Description of Laser Experiment(s): _____
_____
_____
_____
_____

Applicant Signature: _____ **Date:** _____