

- New
- Amendment
- Renewal
- Transfer



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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser curtains / barriers / table curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser barriers with proper surface treatment (grit-blasted / anodized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam stops, blocks, dumps (beam alignment tools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate beam viewing tools (fluorescent cards, beam viewers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locked laboratory doors (key / keypad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible / Illuminated Warning Device (Class 3B or 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam tubes (spanning navigable spaces between tables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser signs (according to current ANSI Z136.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uOttawa Map with Laser Hazard Symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laser Safety Contact Information:		This individual is responsible for: (check all that apply – else PI responsible)
Surname: _____	First Name: _____	
Position: _____	Phone or Ext.: _____	
E-Mail: _____	Other Phone: _____	
		<input type="checkbox"/> Lab contact with ORM <input type="checkbox"/> In-lab safety training <input type="checkbox"/> Student/undergrad lab supervisor <input type="checkbox"/> 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)

<input type="checkbox"/> Attached with this application	Date: _____
<input type="checkbox"/> Will be set up before (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