

## Directions for Completing the Application for Laser Approval (RC-050)

Please print legibly

### Section 1—Applicant Information

- Fill in at least your name, department, office phone number and email address.
- If you wish to have a Radiation Safety Coordinator (RSC), write this person's name in the appropriate blank and provide the current University of Arizona email address for this person.

### Section 2—Hazards Associated with your Proposed Use (other than the laser beam)

- Check off any and all that apply.

### Section 3—Proposed Use Categories

- Check off any and all that apply. If you choose “Other”, please describe.

### Section 4—Previous Laser Experience

- Starting with the most recent, list your experience with lasers.

### Section 5—Formal and On-the-Job Training

- Starting with the most recent, briefly describe any laser safety training that you have had. This does not have to be an extensive listing, but must be accurate.

Please read the statement.

Sign and date the application.

Send completed original form to: Radiation Control Office  
PO Box 245101  
AHSC (or Tucson, AZ 85724-5101)

Or hand deliver between 8 AM and 3 PM to:  
Babcock Building  
1717 E. Speedway Blvd., Suite 1201(Building 151)

Please note: We only accept applications with original hand-written signatures. We will not accept photocopies, facsimiles, PDF's or other electronically generated signatures.

**UNIVERSITY OF ARIZONA  
APPLICATION FOR LASER APPROVAL (RC-050)**

**SECTION 1 APPLICANT INFORMATION**

Approval Holder Name:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">First</td> <td style="width: 10%; text-align: center;">MI</td> <td style="width: 25%; text-align: center;">Last</td> <td style="width: 40%; text-align: center;">Degree</td> </tr> </table>	First	MI	Last	Degree	Position:
First	MI	Last	Degree			
Department:	Radiation Safety Coordinator:					
Office Phone:	Lab Phone:	Fax:				
Approval Holder e-mail:	Radiation Safety Coordinator e-mail:					

**SECTION 2 HAZARDS ASSOCIATED WITH PROPOSED USE (check all that apply)**

- Human Applications   
 Animal Applications   
 Hazardous Gases   
 Outdoor Use  
 Laser Generated Air Contaminants   
 Collecting Optics   
 Toxins   
 High Voltage (>15 kVp)

**SECTION 3 PROPOSED USE CATEGORIES**

- Spectroscopy   
 Optical Properties of Materials   
 Data Storage   
 Holography  
 Fiber Optics Communications   
 Material Processing   
 Imaging  
 Light Source   
 Molecular Manipulation   
 Other \_\_\_\_\_

**SECTION 4 PREVIOUS LASER EXPERIENCE**

Laser Type/Medium	Hazard Class	Max Output Power	Dates/Duration of Experience	Institution/Organization

**SECTION 5 FORMAL AND ON-THE-JOB TRAINING**

Institution/Organization	Title/Description and Duration (Course or On-The-Job)

I have read and understand the Laser Protection Reference Guide and understand my responsibility for the use and disposition of lasers assigned to me in strict compliance with the rules and regulations administered by the Nonionizing Radiation Safety Committee and the Radiation Control Office of the University of Arizona.

I am aware that any fines imposed on anyone working under my supervision or civil penalties levied by any regulatory authority because of deficiencies in work being done under my Approval will be paid out of my departmental funds. (It is understood this authority is based upon a directive from the Vice President for Research & Graduate Studies.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR RCO USE ONLY: APPROVAL #: \_\_\_\_\_ RCO REVIEW \_\_\_\_\_ LRPC REQUIRED? Y \_\_\_\_\_ N \_\_\_\_\_ APPROVAL TYPE \_\_\_\_\_