

Tufts University School of Medicine

SECTION 1: GENERAL INFORMATION

<input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal	<u>Return to:</u> Tufts University Radiation Safety Office 200 Harrison Avenue 105 Posner Hall Boston, MA 02118 <u>Email to:</u> geoff.sirr@tufts.edu
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Principal Investigator

(Last) (First) (M.I.) Suffix

Additional Information:

Department	Position	Campus	Telephone
Email address			

Office Location:

Building	Room	Street Address
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SECTION 2: INVENTORY OF ANSI CLASS 3B and 4 LASERS

Manufacturer	Model	Serial Number	Class	Lasing Medium
1.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
2.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
3.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	

4.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
5.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
6.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
7.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
8.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
9.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
10.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
11.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	
12.			<input type="checkbox"/> 3B <input type="checkbox"/> 4	

SECTION 3: AREA Of USE
Please provide the associated information for each numbered laser system in Section2

#	Building	Room #	Power or energy output & wavelength
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

SECTION 4: TRAINED PERSONNEL

List all personnel (including applicant and contact person) who will be working with laser systems as authorized by this permit.

Last Name	First Name	This person has received training and / or has experience working with lasers.		If Yes, was this individual trained by Tufts University Radiation Safety?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 5: CONFIRMATION & SIGNATURE

I have received, read, understand, and agree to follow the requirements of the Tufts University Laser Safety Manual (<http://publicsafety.tufts.edu/ehs/files/TuftsUniversityLaserSafety.pdf>).

Signature of the Applicant

Date

Signature of Department Chairperson

Date

Laser System Permit's are reviewed by the Laser Safety Officer. Subsequent to the permit application and review process, an inspection of the laboratory and the associated equipment is conducted jointly with the applicable Principal Investigator or his/her delegate.

Radiation Safety Use Only
SECTION 6: LASER SYSTEM PERMIT #

Permit Type: New: Amendment: Renewal:

Effective Date: [Click here to enter a date.](#) **Expiration Date:** [Click here to enter a date.](#)

Principal Investigator

(Last)

(First)

(M.I.)

Suffix

Department

Campus

Telephone

[Click here to enter a date.](#)
Date Application Received

[Click here to enter a date.](#)
Date Approved by RSO

[Click here to enter a date.](#)
Date Ratified by RHCG

Signature of Laser Safety Officer

____/____/____
Date

Comments: