

Appendix C: Application for a Permit to Use Class 3B and Class 4 Laser

Section 1. Building Information

Building Name:	Room number:
Building Address:	Department:

Section 2. Laser Supervisor Information

Principal Investigator:		Home Phone:
Office Phone:	Lab Phone:	Email:

Section 3. General Conditions:

- a) The proposed work shall be performed in the manner specified in the Laser Safety Guide and specific equipment operating procedures. There shall be no changes in the approved procedures without the prior approval of the LSO .
- b) Routine operation of this equipment may not begin until LSO has been notified and has conducted a thorough survey and given approval for the operation. Additional surveys shall be made by LSO at intervals not to exceed 12 months, at which time adherence to the procedures will be determined.
- c) LSO shall be notified prior to a change in the location of the equipment by the current Principal Investigator.
- d) LSO shall be notified of any decommissioning of the equipment or of transfer of equipment to a new Principal Investigator.
- e) LSO shall be notified of any changes in personnel associated with this equipment. All personnel shall be appropriately trained by LSO and the Principal Investigator before working with this equipment.

Section 4. Required Attachments:

a.) Completed Laser Equipment Inventory for all Class 3B and Class 4 lasers.
b.) Most recently completed Personnel Update.

Section 5. Responsibilities:

As Principal Investigator, I agree to fully comply with the laser safety requirements outlined by the Massachusetts Department of Public Health (105 CMR 121, including the WPI Laser Safety Manual). Prior to operating laser equipment, I acknowledge that all users have attended a Laser Safety course provided by the WPI Environmental Health & Safety Office (E HS). All users will operate laser equipment in a safe manner, and will only operate the equipment for which they have had specific training, following the Equipment Specific Operating Procedures available in the laboratory.

Principal Investigators Signature:	Date:
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