

APPENDIX K

**APPLICATION FOR THE NON-HUMAN USE OF LASERS
TO THE RADIATION CONTROL COMMITTEE**

1. Principal Investigator: _____

Department: _____

Office Room Number: _____ Phone Number: _____

Lab Technician: _____ Phone Number: _____

2:	Authorized user(s):	Job Title:
	_____	_____
	_____	_____
	_____	_____
	_____	_____

3. Information regarding the Principal Investigator and authorized user(s) basic training with the laser shall be forwarded to the Radiation Control Office at the time this proposal is submitted. Forms for submitting this information (RC-1L) are available from the Radiation Control Office, phone 392-7359.

4. Inventory of Lasers: (use attached form)

5. Describe the procedures for which the laser will be used. Submit any locally generated standard operating procedures and safety instructions and confirm that an operator's manual is available at the unit. If factory installed safety interlocks must be bypassed during any use of the equipment, submit justification for bypassing the interlock.

8. Describe the facility in which the device will be used.

9. Briefly describe personnel safety equipment available.

Return original to the:

RADIATION CONTROL OFFICE
212 Nuclear Sciences Center / Box 118340

**UNIVERSITY OF FLORIDA
LASER USER
STATEMENT OF TRAINING AND EXPERIENCE**

(To be completed by ALL personnel who will be working with Lasers at the University of Florida)

NAME: _____ DEPARTMENT: _____ PHONE: _____

CLASSIFICATION (Faculty, Technician, Student, etc.): _____

PRINCIPAL INVESTIGATOR: _____

ALL INDIVIDUALS MUST COMPLETE THE REMAINDER OF THIS FORM

LASER SAFETY TRAINING

SUBJECT	WHERE TRAINED	DATES AND DURATION OF TRAINING	PRECEPTOR/ ON THE JOB (Circle Answer)	FORMAL COURSE (Circle Answer)
A. Fundamentals of Laser Operation			Yes No	Yes No
B. Laser Classifications			Yes No	Yes No
C. Control Measures			Yes No	Yes No
D. Bioeffects of Laser Radiation Exposure			Yes No	Yes No
E. Non-Radiation Hazards Associated with Lasers			Yes No	Yes No
F. Investigator and User Responsibilities			Yes No	Yes No

LASER USE EXPERIENCE

LASING MEDIUM	LASER CLASS	MAX OUTPUT POWER	DATES AND DURATION OF EXPERIENCE	WHERE EXPERIENCE WAS GAINED

SIGNATURE: _____ DATE: _____

If additional space is needed, use the back of this sheet. Keep a copy and return original to:
RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center - Box 118340

**DOCUMENTATION OF TRAINING FOR
LASER USER**

NAME _____ DEPARTMENT _____

CLASSIFICATION (*Faculty, Technician, Student, etc.*) _____

TYPE OF LASER(S) TO BE USED _____

PRINCIPAL INVESTIGATOR _____ PHONE _____

Check appropriate response:

_____ **Option 1: Laser Safety Training Provided by Principal Investigator.**

<i>TYPE OF TRAINING</i>	<i>WHERE TRAINED</i>	<i>DATES AND DURATION OF TRAINING</i>	<i>TRAINING PROVIDER</i>
A. <i>Fundamentals of Laser operations</i>			
B. <i>Laser Classifications</i>			
C. <i>Control measures</i>			
D. <i>Biological effects of laser radiation exposure</i>			
E. <i>Non-radiation hazards of lasers</i>			
F. <i>Operating and Emergency procedures</i>			

_____ **Option 2: Laser Safety Training provided by Radiation Control Department.**

I have contacted the Radiation Control Office and have scheduled an in-service for the above individual.
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_____ **Option 3: Laser Safety Training provided by outside service.**

I will assure that the above individual will enroll in and attend the following course:

PI Signature

Date

Return original to the:

*RADIATION CONTROL DEPARTMENT - 212 Nuclear Sciences Center
Box 118340*