

Laser Use Authorization (LUA) Form

Please fill out one LUA form for each laser and submit the form to the Office of Environmental Health & Safety.

Date: _____

User Information:

Name of Principal Investigator:	Department of Principal Investigator:
Phone Number:	Email:
Name of Laboratory Contact:	
Phone Number:	Email:
Name of Laser Users:	Location of Laser (Building and Room):
Make/Model of Laser:	Laser Serial Number:
Type of Lasing Medium:	Laser Research Funding Source (choose one): <input type="checkbox"/> Department of Energy (DOE) <input type="checkbox"/> Other

Laser Information:

Laser Classification Marked on Laser (choose one): <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> None	
<u>CW</u>	<u>Pulsed</u>
Wavelength(s): _____ (nm)	Wavelength(s): _____ (nm)
Max. Op. Power: _____ (W)	(W) Pulse Duration: _____ (sec)
Avg. Op. Power: _____ (W)	(W) Pulse Frequency: _____ (Hz)
	Avg. Op. Power: _____ (J)
	Max Op. Energy: _____ (J)
Beam Diameter at aperture: _____ (mm)	
Beam Divergence: _____ (mrad)	
Laser Use (describe briefly):	
<input type="checkbox"/> Use of Cryogenics	<input type="checkbox"/> Use of Pumping Laser
<input type="checkbox"/> Use of Compressed Gases	<input type="checkbox"/> Beam Focusing Optics
<input type="checkbox"/> High Voltage Power Supplies	<input type="checkbox"/> UC Berkeley Fabricated Laser
<input type="checkbox"/> High Voltage >30 kVp	<input type="checkbox"/> UC Berkeley Modified Laser
<input type="checkbox"/> Dye Laser	<input type="checkbox"/> Freq. Doubling Crystal
<input type="checkbox"/> Exposed Beam Paths	<input type="checkbox"/> Tunable Laser
<input type="checkbox"/> High Noise Levels	<input type="checkbox"/> Invisible Beam
<input type="checkbox"/> Laser Cutting/Welding	

Changes, questions, comments and/or details: