

## LASER SAFETY HAZARD EVALUATION FORM

<b>Principal Investigator:</b>		<b>Date:</b>			
<b>Department:</b>		<b>College/School:</b>			
<b>LASER DATA</b>					
	<b>Laser 1</b>	<b>Laser 2</b>	<b>Laser 3</b>	<b>Laser 4</b>	
<b>Type of laser</b> (i.e., Nd: YAG, Argon, HeNe, etc.)					
<b>Class</b> (IIIB or IV)					
<b>Wavelength</b> (micron or nanometer)					
<b>Mode of operation</b> (Continuous Wave, Single Pulse, Repetitive Pulse) <i>(more than one might apply)</i>					
<b>Continuous Wave laser:</b> Average Power or Energy (W or J)					
<b>Single or Repetitive Pulse lasers:</b> Average/Peak Power, or Energy per pulse (W or J)					
<b>Pulse duration</b> (seconds)					
<b>Pulse repetition rate</b> (Hertz) (Frequency of repetitive pulse laser)					
<b>Exposure duration(s)</b> (The total time that a laser user may be exposed to the laser output. If not known, ANSI default exposure durations will be used)					
<b>Laser safety eyewear currently available (Yes or No?)</b> (if yes, provide details below)					
<b>Eyewear manufacturer</b>					
<b>Manufacturer/model</b>					
<b>Eyewear rated Optical Density (OD);</b> (i.e. 532-585)					
<b>Wavelength range for rated OD</b> (nm)					
<b>Visible Light Transmission (VLT) (%)</b>					
<b>Optical Density (OD)*</b>					
<b>Nominal Hazard Zone (NHZ)*</b>					

*\* To be determined by Radiation Safety*

Return this form to Laser Safety Officer, ([kucukse@auburn.edu](mailto:kucukse@auburn.edu))  
or call 334-844-6238 for more information.

**Add Comments:**

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**Certification:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify that all information on this form and additional supporting information submitted with this form are accurate and complete to the best of my knowledge.

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

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