

LASER SAFETY HAZARD EVALUATION

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

** To be determined by Radiation Safety*

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

Add Comments:

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: _____