



Laser Control Area Permit Application
 ASU Office of Radiation Safety, BuildingEDC109, Box 873501, Tempe, AZ
 85287-3501 (480) 965-6140
 (ASU Internal Mail Code 3501)

Laser Account Holder: _____ **Academic Unit:** _____ **Date:** _____

LASER PERSONNEL/INCIDENTAL PERSONNEL: I completed LASER SAFETY instruction from _____ on date _____ in topics including Laser operations, Laser Bioeffects on the eye and skin, Specular and diffuse reflections, Non-radiation hazards, Classification, Control measures, Overall management and employee responsibilities.

I read the ASU "Laser Safety Manual" at <http://radiationsafety.asu.edu> and understand the ASU requirements including the use of barriers, engineering controls, protective eyewear, and other safety precautions to minimize radiation exposure. I will obtain the appropriate medical examination upon termination or transfer from the laser control area and provide documentation to the laser permit holder.

Name	Signature	Type Personnel	Email/mailcode/phone	Laser Location

LASER ACCOUNT HOLDER CERTIFICATION (PLEASE RETURN TO ORS OFFICE, MAIL CODE 3501)

I certify that the applicant has:

- Completed laser safety training, and if an operator, was properly on site trained for the laser system listed above.
- Completed the preassignment baseline laser eye exam per ANSI Standard Z136.1, 1993 or the latest version and has no medical restrictions for working in ASU laser control areas.
- Will complete termination or transfer medical eye examinations per ANSI Standard Z136.1, 1993.

Laser Account Holder Signature: _____ Date: _____

OFFICE OF RADIATION SAFETY AUTHORIZATION

I authorize access for the personnel applicant listed above into the designated laser control area.

ORS Staff Signature: _____ Date: _____