

## Laser Permit Application

Concordia University's LASER Safety Policy (VPS-51) is based on the recommendations of ANSI Z136.1, any other pertinent standards, and in compliance with the Federal and Provincial regulations. The University's LASER Safety Program issues internal permits to University employees who are either the Principal Investigator or the person responsible of the location where the **Class 3B or Class 4** lasers/laser systems are used or stored.

For more information, contact EHS at ext: 4877 or consult the following link:

Laser Institute of America; ANSI Z136 Standards: <http://www.lia.org/publications/ansi>

Please submit this completed application form to:

Attn: Gurnam Manku - LASER Safety Officer (LSO)

Concordia University

Environmental Health & Safety (EHS)

LOY-PS-203

[Gurnam.manku@concordia.ca](mailto:Gurnam.manku@concordia.ca)

<b>Principal Investigator</b>		
<b>Department</b>		
<b>Email</b>		
<b>Office Number</b>		
<b>Office Phone</b>		
<b>Emergency Phone</b>		
<b>Date of Application</b>		
<b>Application Type*</b>	<input type="checkbox"/> New	
	<input type="checkbox"/> Renewal	Permit Number
	<input type="checkbox"/> Amendment	Permit Number
	<input type="checkbox"/> Transfer	Permit Number

*\*For New applications, all information is required. For Renewals and Amendments, provide only changes in the information from the original application.*

### Contact Person, if other than the Principal Investigator

<b>Contact Person</b>	
<b>Department</b>	
<b>Email</b>	
<b>Office Phone</b>	

**A. Laser Equipment**

	Laser Type	Room Number	Manufacturer	Model Number	Serial Number	Laser Class
1						
2						
3						
4						
5						

**B. Laser Operating Parameters**

	Wavelength (nm)	Mode CW/Pulsed	Average Power (W)	Pulse Peak Energy* (J)	Pulse Duration*	Pulse Rate*(Hz)	Pulse Average Power* (W)
1							
2							
3							
4							
5							

\* If a pulsed LASER only; otherwise, write N/A.

**C. Laser Safety**

Please describe the intended use and special concerns for the LASER devices:

Any potential interaction materials involved (e.g. dyes, fogs)?

YES  NO

If “Yes”, specify the products and expected interaction:

Control Measures	Yes	No	N/A
Beam Controls (optic table curbs, curtains, barriers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct viewing through lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser signs / Visual warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access interlock to laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area restricted to authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominal hazard zone determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A SOP has been developed*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If a SOP has been developed, please attached it to this application form

**D. LASER Safety Eyewear**

Manufacturer	Serial Number	Wavelength Ranges (nm)	Optical Density (OD) Ratings	Quantity

**E. Authorized Users**

Please specify the authorised users of the Laser System below. These persons will be listed on the Laser Permit. There are minimum training requirements to be satisfied prior to granting access to the Laser System.

The following training courses, given by the Concordia EHS Office, are required for all lab personnel working with LASER:

***WHMIS for Lab Personnel  
(Hazardous Waste Disposal for Laboratory Personnel)\*  
Laser Safety Training***

\* If using hazardous products other than those sealed into the laser

EHS trainings are valid for a 3-year period starting the date the specific training was taken. On-line course registration can be done at <https://www.concordia.ca/campus-life/safety/training.html#calendar>

Name	ID Number	EHS Training		Training Date
		WHMIS	Laser Safety	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**F. Required Signature**

*The applicant acknowledges to have read the Concordia University LASER Safety Policy (VPS-51) and LASER Safety Manual and warrants that the research using the above LASER devices will be carried out under their supervision and shall only be used in accordance with the information provided within this permit application form.*

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date