

**Western Human Resources  
Occupational Health and Safety**



**CLASS 3B & CLASS 4 LASERS/LASER SYSTEMS PERMIT APPLICATION**

Application (Person in Charge): \_\_\_\_\_ Building: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Facility Telephone: \_\_\_\_\_

Office Room #: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**This application is submitted for the following reason:**

- New application                       Renew application                       Relocation of sources
- Replacement of old sources         Additional Sources                       Acquisition of existing facility from: \_\_\_\_\_

**Lasers/Laser Systems General Information:**

Room #	Building	Manufacturer	Model #	Serial #	Laser Type	Laser Class	Wavelength (nm)	Power/Energy	Open	Enclosed	Embedded

Note: For each laser/laser system, a Laser Beam Specifications Form must be completed. Enclosed or Embedded laser/laser system that is classified as Class 1 laser equipment (under normal operation) is not required to complete the Laser Beam Specification Form.

**Training/Experience Regarding Lasers/Laser Systems and Western Laser Safety Training Date of the Applicant and/or Contact Person<sup>1</sup> (Use separate paper if necessary)**

**List of Laser Worker<sup>2</sup>(s) for using Open/Service<sup>3</sup> lasers/laser systems under your supervision**

1. \_\_\_\_\_ e-mail: \_\_\_\_\_ Ext: \_\_\_\_\_ Western training date: \_\_\_\_\_
2. \_\_\_\_\_ e-mail: \_\_\_\_\_ Ext: \_\_\_\_\_ Western training date: \_\_\_\_\_
3. \_\_\_\_\_ e-mail: \_\_\_\_\_ Ext: \_\_\_\_\_ Western training date: \_\_\_\_\_
4. \_\_\_\_\_ e-mail: \_\_\_\_\_ Ext: \_\_\_\_\_ Western training date: \_\_\_\_\_

Note:

<sup>1</sup> Contact Person will be responsible for the lasers/laser systems when Person in Charge is not available.

<sup>2</sup> Laser Worker(s) shall wear appropriate laser safety goggles (where applicable) and receive specific hands-on training from Person in Charge or Contact Person before operating lasers/laser systems.

<sup>3</sup> Western Laser workers who will use an open laser/laser system or will service any laser/laser system shall complete the Western laser safety training (except certified laser safety personnel from manufacturer)

Signed: Applicant	Date	Signed: Department Chair	Date
Signed: Health and Safety Consultant	Date	Signed: Radiation Safety Committee Chair	Date

**Please send the completed application form to: Radiation Safety ([RadSafety@uwo.ca](mailto:RadSafety@uwo.ca)), Health, Safety and Well-being, Room 4159, Support Services Building.**