FOR OFFICE USE ONLY

RPD Permit Number:

Date Received:

Date Approved:

**Office of Environmental Health and Safety**

**Radiation Safety**

**Institutional Radiation Safety Committee (RSC)**

**Laser Producing Device (LPD) Permit**

The Environmental Health and Safety Department (EHS) is required by state law and university policy to register each laser producing device. This includes laser machines that are licensed through this department under separate rules. The primary user is designated as the Permittee and is the person who will be responsible for the safe use of the laser producing device (LPD). The Permittee’s responsibilities include: responding to official inquires regarding the LPD(s) (such as routine inventories), developing/implementing operating and safety procedures required by state regulations, user training, and notifying the EHS of new acquisitions. EHS requires advanced notification of intentions to dispose of or transfer the LPD. The Application can be found on the Radiation safety webpage.

# INSTRUCTIONS

All pertinent sections must be completed in detail. If a section is left incomplete or no information is provided, your permit will be postponed and all proposed activities and/or concurrent experiments must be halted until the plan is modified to meet the RSC's expectations.

The form provides text boxes for you to enter information. These boxes will expand as you enter text and do not have a set number of characters. Please provide as much detail as possible.

When you have completed the form, print a copy, then sign and date the signature page. Return a completed copy to the Office of Environmental Health and Safety or Email RSO : [Maya.nair@unthsc.edu](mailto:Maya.nair@unthsc.edu).

HSC - Radiation Producing Device Permit form

October 2020

**Laser Registration Form**

1. Name of PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. The physical location of the laser. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*This is the room number or lab. A drawing maybe required if there is more than one laser in the same location ).*

5. The type of laser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dye, Argon, Diode, Eximer, etc)

6. The manufacturer of the laser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. The model and serial number of the laser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. UNTHSC inventory number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. The excitation mechanism *(Optical, electrical, chemical, etc.).*

10. The time-dependent operating properties of the laser *(CW, Pulse, Repetitively*

*Pulsed, mode-locked, etc.).*

11. If continuous wave (CW), the power in watts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If pulsed:

a. The maximum capable energy level of the laser in joules.

b. The maximum pulse frequency per second.

c. The minimum pulse duration.

13. The operating wavelength(s) of the laser.

14. Other information should include a brief description of the purpose of the laser

(*Doppler measurements, fluorescence, etc.), frequency of use, expected primary*

*users, etc. The LSO should be informed if there is anything that may have a bearing on safety related issues).*

15. Safety Procedures: By checking (√) the boxes below, you agree that you will abide by the required safety procedures at each facility. *Each box must be checked for completion of registration. (Please initial)*

Use of proper protective eyewear. – Yes \_\_\_\_\_\_\_\_\_\_

Proper signage, labeling, posting, and barriers. Yes \_\_\_\_\_\_\_\_\_\_

Operating and safety procedures and operator’s manual readily available. Yes \_\_\_\_\_\_\_

* You will be assigned a Permit number and the machine will be given an ID number used for inventory purposes.

**Certification**

The information contained in this registration is accurate and complete. I am familiar with and agree to abide by the provisions described in all applicable UNTHSC Policies and Procedures, as well as any/all local, state and federal regulations/ code.

As Principal Investigator, I understand that I have the responsibility to assure that my laboratory is operated in a safe manner and that all staff and students are informed of the risk, appropriately wear protective equipment, and are adequately trained.

I will assure that all of my staff have read and understood all, safety manuals ( Radiation safety, biological safety and general safety), and are trained as well as equipped to carry out any procedures that they may be required to perform related to the intended use of, or accidental exposure to, these equipments.

I understand that I must contact EHS to obtain approval prior to instituting any changes to a registered and approved RPD Permit.

I will utilize the required containment, equipment, and PPE required by the RSC and EHS.

I will follow and enforce the appropriate good laboratory techniques, practices, procedures, and standards of operation.

I will train staff in good laboratory practices and techniques required to ensure safety for this project, in the procedures for dealing with accidents, and in the management of radiation hazard.

I will supervise staff and correct work errors and conditions that could result in work place violations of UNTHSC policy, as well as federal, state, and/or local regulations/codes.

I will report any problem and/or significant research-related accident or illness to The Office of Environmental Health & Safety and will complete required forms in the event of an incident or injury.

**Principal Investigator: Date**

**Signature:**