

Application for Authorization to Use High-Power Laser (for Installed Laser)

Date of Application: Month/Day/Year_____

To Director of Safety Office

Japan Synchrotron Radiation Research Institute

I hereby request authorization to use the laser systems as below:

1. Laser Supervisor (Project Leader)

Organization :

Division :

Name : _____ (print and signature)

ID No.:
_____Phone:
_____E-mail :

2. Director of Laser Supervisor's Organization

Organization :
_____Position :

Name : _____ (print and signature)

Phone :
_____E-mail :

3. Location of Installation

4. Planned Period of Use

Month/Day/Year – Month/Day/Year

5. Purpose of Use (Attached; Not attached)

6. Laser Specification (Attached; Not attached)

Class :	<input type="checkbox"/> 3R <input type="checkbox"/> 3B <input type="checkbox"/> 4	Operation	<input type="checkbox"/> CW <input type="checkbox"/> Pulse
<hr/>		Mode :	
Type :	<hr/>		
<hr/>		Output	
<hr/>		Power :	
<hr/>		<hr/>	
Wavelength :			
<hr/>			

7. Safety Measures in Use of Laser Systems (Attached; Not attached)8. Users Handling Laser Systems (Attached; Not attached)

(Name/Phone)

9. Schematic Layout of Laser Systems and Related Equipment (Attached; Not attached)

(Indicate the location of the laser controlled area and warning signs.)

For Safety Office Use Only	
I hereby approve the use of the laser systems.	Month/Day/Year
	Director of Safety Office Japan Synchrotron Radiation Research Institute