

Laser Use at Subaru Telescope (NAOJ)

Laser Use Authorization Application (LUA)

Principal Investigator / project name: _____

E-mail: _____ Academic Title: _____

Department: _____ Office Phone: _____

Subaru Contact (for non Subaru employee): _____

Lab Manager/Contact: _____ Phone: _____

Lab Manager/Contact email: _____

Laser Safety Standard Operating Procedure: ☐ attached / ☐ not attached

The laser safety standard operating procedure is **required for class 4** and **strongly recommended for class 3B** lasers or lasers system. Multiple lasers used for the same setup may qualify as one laser system. [The Laser Safety Standard Operating Procedure template](#) can be downloaded to be modified for each system specific needs.

Laser Equipment Registration: ☐ attached / ☐ not attached

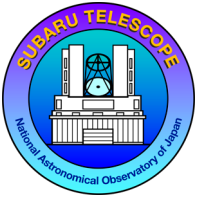
Please fill out a [Laser Equipment Registration](#) Form for each class 3B or 4 laser to be used under this LUA.

List of all laser safety eye protections to be used under this LUA

Manufacturer	Quantity	Optical Density @ wavelength Range (nm)

Laser Use Locations

Hilo Base / Summit	Location



Subaru Telescope
National Astronomical Observatory of Japan

Project Name and Summary:

All personnel authorized to use lasers and/or laser systems under this LUA must submit a [Laser User Enrollment Form](#) and be listed below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have all of the above listed researchers attended any Laser Safety training?

☐ Yes ☐ No

If **NO, please contact immediately the Subaru Laser safety officer.**

I hereby certify that all information in this statement is true and correct. I have read, understand and will comply with the requirements of Subaru Telescope (NAOJ) Laser Safety Policies.

Submitted by (PI Signature): _____

Date: _____