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

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Quantity</th>
<th>Optical Density @ wavelength Range (nm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Laser Use Locations

<table>
<thead>
<tr>
<th>Hilo Base / Summit</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rev. 06/2017

Submit form to lso@naoj.org
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: ________________