



## Radiation Safety

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Stony Brook, NY 11794-6200  
631-632-6410 (Office)  
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*Serving Stony Brook University, Stony Brook Medicine, & Article 28 facilities*

# RESEARCH LASER PERMIT APPLICATION

## (Class 3B and 4 Lasers only)

The Research Laser Permit Application is to be filled out by the person who will be responsible for the use of lasers in the research group, research facility or teaching center. This person must have documented experience and training in the safe use of lasers. This individual will become the permit holder for the laser equipment. The Permit Holder assumes leadership responsibility for safe conduct by all users (including staff, students and visitors) of the registered lasers in the laboratory.

Please email any questions or your complete application to [radiationsafety@stonybrook.edu](mailto:radiationsafety@stonybrook.edu)

Permit Holders should review, print out and retain copies of the following:

### **ERM.EHS.RS 118 Research Radioactive Materials, X-ray and Laser Permit Holder Responsibilities**

#### **Proposed Permit Holder must submit:**

- Permit Holder's most recent Curriculum Vitae (CV) / resume or equivalent showing laser experience.
- Completion of Laser Safety Training (SBRS 022) hosted on SALUTE LMS for the permit holder, staff, and students.
- [Research Personnel Radiological Authorization Request](#) for *each laser user* (other than the permit holder) working with or in close proximity to Class 3B or Class 4 lasers. Each form is to be signed by the user and permit holder.
- [Laser System Registration & Standard Operating Procedures](#) form for *each laser*.
- Diagram / map of laser use location. Indicate locations of the lasers, windows, doors and barriers such as curtains or dividers. Include whether the door has a window.
- This application, completed in its entirety.

### **SECTION 1: CONTACT INFORMATION**

<b>PERMIT HOLDER</b>	
<b>Name</b>	
<b>Department</b>	
<b>Office Address</b>	
<b>Email</b>	
<b>Office Phone</b>	
<b>Lab Phone</b>	
<b>Emergency Contact Phone</b>	

<b>ALTERNATE CONTACT</b>	
<b>Name</b>	
<b>Department</b>	
<b>Office Address</b>	
<b>Email</b>	
<b>Office Phone</b>	
<b>Lab Phone</b>	
<b>Emergency Contact Phone</b>	

Do you allow the alternate contact listed below to update safety protocols and information regarding your permit/SOP on your behalf?  
 YES                      NO

**SECTION 2: TYPE OF RADIATION PERMIT**

- Non-ionizing Radiation Generating Device: Laboratory Research (Non-human)
- Non-ionizing Radiation Generating Device: Research (Human Subjects)
- Non-ionizing Radiation Generating Device: Other                      (e.g. outdoor use, teaching, animal subjects)

**2A. TYPE OF APPLICATION**

- Initial Application
- Renew Application                      Please Enter Permit #:
- Amend Existing Permit (Check all that apply)                      Please Enter Permit #:
  - Add laser device
  - Change or dispose laser device
  - Add / Remove authorized space
  - Other

**SECTION 3: LASER EQUIPMENT INFORMATION**

Check here if Laser Registration & SOP Form(s) attached

Attach a Laser System Registration & Standard Operating Procedures form for each laser.

**Are lasers enclosed in a device in which the manufacturer does not recommend eye protection?**

If **YES**, contact radiationsafety@stonybrook.edu before proceeding with the application.

**SECTION 4: EXPERIMENTAL PROTOCOLS**

Enter brief description of your experiment(s) / protocol(s) here. Indicate which lasers are associated with each protocol listed; you can refer to each laser with its nickname you defined on the Laser System Registration & Standard Operating Procedures form.

Indicate the form(s) of PPE that will be utilized.

Lasers may need to be listed under multiple protocols due to portability or a reconfigurable beam path. If you have more than 5 protocols to describe, please attach a separate document.

Check here if Protocol(s) are attached:

<b>Protocol #1</b>	
<b>Protocol #2</b>	
<b>Protocol #3</b>	
<b>Protocol #4</b>	
<b>Protocol #5</b>	

**SECTION 5: LABORATORY / FACILITY INFORMATION**

**SUBMIT A FACILITY MAP (may be drawn with detail) INDICATING WHERE LASERS WILL BE USED.**

Building	Room Number	Protocol number(s) from Section 3 to be used in this space. For locations used purely for storage, enter "TEMPORARY STORAGE" or "LONG-TERM STORAGE".

**SECTION 6: LAB-WIDE NON-BEAM HAZARDS**

Check if Present	Non-Beam Hazards	Comments
	Electrical Hazards	
	Noise Hazards	
	Glass or Nanoparticle Hazards	
	Cryogenic Liquid Hazards	
	Biological Agent Hazards	
	Trip Hazards	
	Fire Hazards	
	Plasma Radiation Hazards	
	Collateral Radiation Hazards	
	Laser Generated Air Contaminants	
	Laser Dye & Solvent Hazards	
	Other (Specify)	

## **SECTION 7: LAB-WIDE EMERGENCY PROCEDURES**

If available, you may enter the manufacturer's emergency procedures here or append them to this application. Check here if emergency procedures are attached

- 1) Shut laser(s) off immediately and remove the control key. If you do not have time to do this in a safe manner, alert everyone to exit the laboratory.
- 2) If there is a fire or medical emergency, call the University Police Department (631) 632-3333. Be prepared to explain to responders what you witnessed (or what you have grounds to believe happened) based on your knowledge of the lab-specific hazards and of laser safety.
- 3) In case of suspected eye exposure, potentially exposed users should seek help as soon as possible and not attempt to drive themselves to a hospital. Responders should be made aware of specific eye-injury risks associated with the laser system involved.
- 4) **DO NOT** alter the laser setup. It is important to study the setup as it was at the time of injury so that the causes of the accident can be understood and addressed.
- 5) Call the Permit Holder (at \_\_\_\_\_) and Radiation Safety (at 631-632-6410) promptly.

### **LAB-SPECIFIC ADDITIONS AND AMENDMENTS TO EMERGENCY PROCEDURES**

## **SECTION 8: PERMIT HOLDER CERTIFICATION**

The undersigned attests that the use of all lasers shall be in accordance with pertinent State and Federal regulations, in addition to SBU, Office of Environment, Health and Safety and Radiation Safety Program policies, procedures, permit conditions and within the limits of this application. I certify that I have reviewed and understand the requirements as outlined in the University Laser Safety Manual. I understand that any changes or amendments to this permit application must be performed in a separate amendment application and approved by the LSO.

PERMIT HOLDER:

Date: