UTMB
APPLICATION FOR LASER USE PERMIT

SECTION 1

Permit Administrator:
Name
Title:
Department:
Office (bldg & rm):
Mail Route:
Phone #:
E-Mail:

SECTION 2

This is an application for:
New X Amendment Renewal

Changes:

SECTION 3 (Use CONTINUATION SHEET for additional ALUs)

Authorized Laser User(s):

<table>
<thead>
<tr>
<th>Name</th>
<th>Laser(s)</th>
<th>Name</th>
<th>Laser(s)</th>
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<tbody>
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</tbody>
</table>

SECTION 4 (Use CONTINUATION SHEET for additional lasers)

Laser #1:
Manufacturer
Model
Laser Media
Wavelength (nm)
Max. Energy (J) or Max Power (W)
Class 3b 4
Use Type Human Non-human
If Human Use, List Medical Procedures
Use Location
Laser Owner (if not the PA)

Laser #2:
Manufacturer
Model
Laser Media
Wavelength (nm)
Max. Energy (J) or Max Power (W)
Class 3b 4
Use Type Human Non-human
If Human Use, List Medical Procedures
Use Location
Laser Owner (if not the PA)

Number of CONTINUATION SHEETS attached
### UTMB
APPLICATION FOR LASER USE PERMIT

**CONTINUATION SHEET #**

#### SECTION 3 (continued)

<table>
<thead>
<tr>
<th>Authorized Laser User(s):</th>
<th>Laser(s)</th>
<th>Name (Print)</th>
<th>Laser(s)</th>
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#### SECTION 4 (continued)

<table>
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<tr>
<th>Laser #</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Laser Media</th>
<th>Wavelength (nm)</th>
<th>Max. Energy (J)</th>
<th>Max Power (W)</th>
<th>Class</th>
<th>Use Type</th>
<th>If Human Use, List Medical Procedures</th>
<th>Use Location</th>
<th>Laser Owner (if not the PA)</th>
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<tbody>
<tr>
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<td>3b</td>
<td>Human</td>
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<td>4</td>
<td>Non-human</td>
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</table>

<table>
<thead>
<tr>
<th>Laser #</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Laser Media</th>
<th>Wavelength (nm)</th>
<th>Max. Energy (J)</th>
<th>Max Power (W)</th>
<th>Class</th>
<th>Use Type</th>
<th>If Human Use, List Medical Procedures</th>
<th>Use Location</th>
<th>Laser Owner (if not the PA)</th>
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<td>4</td>
<td>Non-human</td>
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</tbody>
</table>

**PERMISSION TO USE LASER(S)** (Signature of Laser Registrant/Owner if not the Permit Administrator)

Laser #  :  

Laser #  :  

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SECTION 5
Training and Experience
Please attach SUPPLEMENT A for Non-human Use.
Please attach SUPPLEMENTS B & C for Human Use.

SECTION 6
Facility Diagram (Please attach SUPPLEMENT D for each use location.)

SECTION 7
Operating Procedures (Please attach a copy of department or manufacturer SOPs for each laser.)

SECTION 8
Emergency Procedures (Please attach a copy of department emergency procedures for lasers.)

SECTION 9
Permission to Use Laser(s) (Signature of each Laser Registrant/Owner if not the Permit Administrator)

Laser #1: 
Laser #2: 

SECTION 10
Certification: I certify that this application and any supplements and attachments hereto are prepared in conformity with the UTMB Laser Safety Manual and are true to the best of my knowledge.

APPLICANT SIGNATURE: 
NAME (Print): DATE:

SECTION 11
Recommendations
A. PERMIT ADMINISTRATOR SIGNATURE: 
NAME (Print): DATE: 
For Approval ☐ For Disapproval ☐

B. DEPARTMENT HEAD SIGNATURE: 
NAME (Print): DATE: 
For Approval ☐ For Disapproval ☐
SUPPLEMENT A: Training & Experience – Non-Human Use

SECTION 1

**Applicant Name & Title:**

---

SECTION 2

<table>
<thead>
<tr>
<th>Training Curriculum:</th>
<th>Location &amp; Date(s) of Course</th>
<th>Lecture Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Fundamentals of Lasers, Types and Characteristics:</td>
<td></td>
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</tr>
<tr>
<td>B) Effects of Laser EM Radiation On Tissue (Eyes and Skin):</td>
<td></td>
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<tr>
<td>C) Applications of Lasers:</td>
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<tr>
<td>D) Laser Safety:</td>
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</tbody>
</table>

SECTION 3

**Experience:** (practical, hands-on use of laser)

<table>
<thead>
<tr>
<th>Mfr.</th>
<th>Model</th>
<th>Media</th>
<th>Output (J/W)</th>
<th>Dates (from – to)</th>
<th>Where</th>
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</table>

SECTION 4

**Reference:** Please submit a letter of recommendation from an individual under whom you trained or the Laser Safety Officer where your training and experience were obtained.

SECTION 5

**Certification:** I certify that the above information is true to the best of my knowledge.

**Applicant Signature:** ________________________________ **Date:** ____________________
### SUPPLEMENT B: Training & Experience – Human Use

#### SECTION 1: Applicant Name & Title

#### SECTION 2: State Licensure

<table>
<thead>
<tr>
<th>State</th>
<th>Licensing Board</th>
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#### SECTION 3: Training Curriculum

<table>
<thead>
<tr>
<th>Location &amp; Date(s) of Course</th>
<th>Lecture Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Fundamentals of Lasers, Types and Characteristics:</td>
<td></td>
</tr>
<tr>
<td>B) Effects of Laser EM Radiation On Tissue (Eyes and Skin):</td>
<td></td>
</tr>
<tr>
<td>C) Applications of Lasers:</td>
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<tr>
<td>D) Laser Safety:</td>
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</table>

#### SECTION 4: Experience (practical, hands-on use of laser)

<table>
<thead>
<tr>
<th>Mfgr.</th>
<th>Model</th>
<th>Media</th>
<th>Output (J/W)</th>
<th>Dates (from – to)</th>
<th>Where</th>
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#### SECTION 5: Board Certification

<table>
<thead>
<tr>
<th>Specialty Board</th>
<th>Category</th>
<th>Month &amp; Year Certified</th>
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### SECTION 6

**Certification:** I certify that the above information is true to the best of my knowledge.

Applicant Signature: ___________________________ Date: ____________

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SUPPLEMENT C: Preceptor Statement – Human Use

SECTION 1: Applicant Name & Title

SECTION 2: Clinical Training

<table>
<thead>
<tr>
<th>Surgical Procedure(s)</th>
<th>Laser Mfgr.</th>
<th>Model</th>
<th>Media</th>
<th>Output (J/W)</th>
<th># of Cases</th>
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Total Hours of Clinical Training: [ ] Dates of Clinical Training: [ ] From -- To

SECTION 3: Preceptor

<table>
<thead>
<tr>
<th>Name (Print):</th>
<th>Signature:</th>
<th>Date:</th>
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<tr>
<th>Title:</th>
<th>Department:</th>
<th>Institution:</th>
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<tr>
<th>Mailing Address:</th>
<th>Comments:</th>
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SUPPLEMENT D: Laser Facility Diagram (Section 6 on Application)

NOTE: Designate areas: Laser location, NHZ (dashed line), Controlled Areas (dotted line), Beam Stops, Curtains, Safety Interlocks

Department: __________________________

Building: ________________ Room: _________ Extension: _________

Registrant/Owner: __________________________ Date: _____________
INSTRUCTIONS FOR COMPLETING LASER USE PERMIT APPLICATION

SECTION 1
Permit Administrator:
Name: Faculty member who acts as point of contact for all correspondence for laser activities to be conducted under this permit (must be one of the Authorized Users on the application)
Title: Job title
Department: Self explanatory
Office: Campus building name and room number of Permit Administrator’s office
Mail Route: Self explanatory
Phone#: Extension only, (ten digit if offsite)
E-Mail: Self explanatory

SECTION 2
New: Indicate if a new application, amendment, or renewal. If an amendment or renewal, list any “Changes” to the previous permit.

SECTION 3
Authorized Laser User(s): List all faculty who will use the laser(s) contained on this permit, including the Permit Administrator
Laser#: Indicate the laser(s), by “Laser #” in SECTION 4, that will be used by this faculty member

SECTION 4
Manufacturer: Self explanatory
Model: Manufacturer designation
Laser Media: Nd Yag, CO2, Argon, Krypton, Diode, etc.
Wavelength: List for lasing media in nanometers (nm)
Max Energy: List the maximum output for this model of laser, in Joules (J) for pulsed lasers, that will be used under this permit; or
Max Power: List the maximum output for this model of laser, in Watts (W) for Continuous Wave (CW) lasers, that will be used under this permit.
Class: As indicated on the laser housing.
Use Type: Self explanatory
If Human Use, List Medical Procedure: Self explanatory.
Use Location: Building and specific room number where the laser(s) will be energized.
Laser Owner: If the Permit Administrator is not the owner/registrant of the model of laser described that are intended to be used under this permit, indicate name of individual(s) who is (are) responsible for the laser(s) described.

CONTINUATION SHEET
Continuation Sheet #: Consecutively number all continuation sheets starting at one (1).
Section 3: To be used if there are more than four (4) Authorized Laser Users to be covered by this permit. See the instructions for Section 3 above.
Section 4: To be used if there are more than two (2) models of laser to be covered by this permit. See the instructions for Section 4 above.
Permission to Use Laser(s): See instructions for Section 9 below.
SECTION 5
Training and Experience: Attach a completed Supplement A to the application for Non-Human Use or Supplements B and C for Human Use. See Instructions for properly completing the appropriate supplement pages.

SECTION 6
Facility: Attach a completed Supplement D to the application containing a diagram of the room in which the laser(s) is (are) to be energized. Designated location of laser(s) (by laser #), nominal hazard zones (NHZ), controlled areas, etc…

SECTION 7
Operating Procedures: Attach a copy of written procedures detailing laser use, and safe operation developed by department or manufacturer for each model of laser to be used under this permit.

SECTION 8
Emergency Procedures: Attach a copy of written procedures detailing the actions to be taken in the event of a laser related emergency, including medical emergency, and/or injury.

SECTION 9
Permission to Use Laser: If the lasers indicated in each part of Section 4 are not owned by the Permit Administrator, obtain the signature of the laser Owner/Registrant granting permission to use the laser(s) under this permit.

SECTION 10
Certification: Signature of the Authorized User completing the application

SECTION 11
Recommendation: Signature of the Permit Administrator and the Department Head recommending approval or disapproval for the application as submitted.
INSTRUCTIONS FOR COMPLETING LASER USE PERMIT SUPPLEMENT A:  
TRAINING & EXPERIENCE  
NON-HUMAN USE

SECTION 1  
Applicant Name & Title: Self explanatory

SECTION 2  
Training Curriculum: For each of the topics described in parts A thru D, indicate where (Location) the training was received, the date(s) and number of lecture hours attended.

SECTION 3  
Experience: (for each of the models of lasers with which you have practical experience, list the following)  
Manufacturer: Self explanatory.  
Model: Manufacturer’s designation  
Media: Nd Yag, CO2, Argon, Krypton, Diode, etc...  
Output: List the maximum output, in Joules (J) for pulsed lasers or Watts (W) for continuous wave lasers.  
Dates: Self Explanatory.  
Where: Location where experience was gained.

SECTION 4  
Reference: Letter from an individual documenting your training and experience.

SECTION 5  
Certification: Signature of the individual named in Section 1 certifying the information contained in Supplement A is correct.
INSTRUCTIONS FOR COMPLETING LASER USE PERMIT SUPPLEMENT B:  
TRAINING & EXPERIENCE  
HUMAN USE

SECTION 1  
Applicant Name & Title: Self explanatory

SECTION 2  
State Licensure: State issuing medical practitioners license, and the medical board (Podiatric, Dermatology, etc.)

SECTION 3  
Training Curriculum: For each of the topics described in parts A thru D, indicate where (Location) the training was received, the date(s) and number of lecture hours attended.

SECTION 4  
Experience: (for each of the models of lasers with which you have practical experience, list the following)  
Manufacturer: Self explanatory.  
Model: Manufacturer’s designation  
Media: Nd Yag, CO2, Argon, Krypton, Diode, etc...  
Output: List the maximum output, in Joules (J) for pulsed lasers or Watts (W) for continuous wave lasers.  
Dates: Self Explanatory.  
Where: Location where experience was gained.

SECTION 5  
Specialty Board: If you are “Board Certified”, list the name of the specialty board, the category of specialization, and the month and year certified.  
Category: Medical specialty  
Month & Year Certified: Self explanatory

SECTION 6  
Certification: Signature of the individual named in Section 1 certifying that the information contained in Supplement B is correct.
INSTRUCTIONS FOR COMPLETING LASER USE PERMIT SUPPLEMENT C:
PRECEPTOR STATEMENT
HUMAN USE

SECTION 1
Applicant Name & Title: Self explanatory

SECTION 2
Surgical Procedure: List the types of surgical procedures performed.
Manufacturer: Self explanatory
Model: Manufacturer’s designation
Media: Nd Yag, CO2, Argon, Krypton, Diode, etc...
Output: List the maximum output, in Joules (J) for pulsed lasers or Watts (W) for continuous wave lasers.
# of Cases: Self Explanatory
Total Hours of Clinical Training: Self explanatory
Dates of Clinical Training: From beginning to end of training

SECTION 3
Preceptor Name: Name of the individual overseeing training
Preceptor Signature: Self explanatory
Date: Date supplement completed
Preceptor Title: Self explanatory.
Department: Preceptor’s department
Institution: Preceptor’s employer
Mailing Address: Preceptor’s address
Comments: Optional