LDR Number: _____

Background Information:

The University of Texas at Arlington's (UTA) Environmental Health & Safety Office (EH&S) maintains a registry of all laser devices, laser laboratories, and personnel working with lasers. UT Arlington complies with the Texas Department of State Health Services (TDSHS) Radiation Control Registration and Radiation Safety Requirements for Lasers under Title 25 Texas Administrative Code §289.301. For purposes of this registration, a laser device is defined as an electronic device that emits stimulated radiation to energy density levels that could reasonably cause bodily harm. The TDSHS Radiation Control considers all Class 3B and Class 4 lasers potentially dangerous; therefore, work with these lasers is covered by the requirements of this registration document.

Instructions and Responsibilities:

The **Principal Investigator (PI)** is responsible for completing the appropriate parts of this **L**aser **D**evice **R**egistration (LDR) and forwarding the form to EH&S **prior to the initiation of work**. The PI is also responsible for ensuring appropriate or required training of laboratory personnel, informing lab personnel of the potential hazards and proper safety techniques to be used in the laboratory, establishing procedures for response and handling of laboratory emergencies, ensuring appropriate laboratory signage, and following UTA established procedures for response and reporting of accidents and/or injuries. Each individual listed as laboratory personnel should personally initial this document to indicate that they have been informed of the potential hazards associated with this work, the appropriate safety practices to be used, and applicable training requirements.

After receipt of this form the Laser Safety Officer (LSO) will audit the laboratory to ensure that the laser and laboratory facility meet all safety requirements and are in compliance with all applicable policies and regulations. The LSO will also assist with and approve the standard operating procedures, alignment procedures, protective eyewear, assess training needs, and provide the appropriate lab signage. Upon approval by the LSO this form will be returned to the PI.

After the initial registration, the PI is also responsible for notifying EH&S when the project has terminated or when other significant changes occur, such as changes in personnel or relocation of the laser device. EH&S conducts a preliminary and annual inspection of registered laboratories to review practices and procedures associated with this work. The inspection is not intended to negate the responsibilities of the PI in supervising work with potentially hazardous materials and/or devices.

Depending on what your project involves there may be additional requirements necessary before the research may commence, such as research involving participation of human subjects, live vertebrate animals, recombinant DNA, or ionizing radiation. These requirements are based on various federal and state regulations, funding agency requirements and UTA policies. For more information and instructions, please see Research Administration, Office of Regulatory Services.

For assistance with this LDR form, please contact EH&S at 817-272-2185 or ehsafety@uta.edu. Completed LDRs may be emailed to ehsafety@uta.edu or forwarded to EH&S at Box 19257.

Part A: Laboratory and Personnel – To Be Completed for All Registrations

PI:	Department:	Phone:	E-mail:
Building(s):	Room Number(s):	Lab Phone:	

Provide the following information on all personnel working with laser devices.

Last Name	First Name	Status (faculty, staff, student)	UTA ID Number	Laser Safety Training Date	E-mail	Phone

Part B: Use of Lasers

Laser I		
Building:	Room Number:	Lab Phone:
UTA Inventory Number:	Date received on campus:	
Laser Parameters		
Manufacturer:	Model Number:	Serial Number:
Class:	Wavelength (nm):	Fixed or Mobile:
Beam Diameter at the exit of the laser (mm):	Laser Medium Type:	
Excitation Mechanism: Flash Tubes ☐, Lamps ☐, Another Laser ☐, Other .		
Continuous Wave (CW) Lasers		
Maximum Power Level in (W):		
Pulsed Lasers		
Single Pulse (SP) ☐ Repetitively Pulsed (RP) ☐ N/A ☐		
Maximum Energy Level in (J):	Maximum Pulse Frequency (Hz):	Minimum Pulse Duration (μS):
Please describe, in layman's terms, the procedure of the experimental work that will be done with the laser:		
Personal Protective Equipment (PPE)		
Normal O.D. Eyewear:	Alignment O.D. Eyewear:	
Describe any additional personal protective equipment (PPE) to be used by lab personnel:		
EH&S Use Only		
☐ Standard Operating Procedures on file with EH&S office (Date Approved:) ☐ Illuminating Warning Light installed ☐ All authorized users have taken the UTA Laser Safety Training ☐ Yes ☐ No: Will the Laser be used on human subjects? If yes, please list the IRB approval date(s) and number(s).		

Laser II or ☐ N/A If This Section Does Not Apply		
Building:	Room Number:	Lab Phone:
UTA Inventory Number:	Date received on campus:	
Laser Parameters		
Manufacturer:	Model Number:	Serial Number:
Class:	Wavelength (nm):	Fixed or Mobile:
Beam Diameter at the exit of the laser (mm):	Laser Medium Type:	
Excitation Mechanism: Flash Tubes ☐, Lamps ☐, Another Laser ☐, Other .		
Continuous Wave (CW) Lasers		
Maximum Power Level in (W):		
Pulsed Lasers		
Single Pulse (SP) ☐ Repetitively Pulsed (RP) ☐ N/A ☐		
Maximum Energy Level in (J):	Maximum Pulse Frequency (Hz):	Minimum Pulse Duration (μS):
Please describe, in layman's terms, the procedure of the experimental work that will be done with the laser:		
Personal Protective Equipment (PPE)		
Normal O.D. Eyewear:	Alignment O.D. Eyewear:	
Describe any additional personal protective equipment (PPE) to be used by lab personnel:		

EH&S Use Only
☐ Standard Operating Procedures on file with EH&S office (Date Approved:)
☐ Illuminating Warning Light installed
☐ All authorized users have taken the UTA Laser Safety Training
☐ Yes ☐ No: Will the Laser be used on human subjects?
If yes, please list the IRB approval date(s) and number(s).

Part C: Signatures

I accept responsibility for the safe use of all potential hazards in my laboratory. All laboratory personnel have been informed of the potential risks associated with working with these laser devices. I will ensure proper laboratory practices and completion of training requirements for laboratory personnel. I will report any accidents, injuries, or exposures immediately to EH&S. I will also notify EH&S of any changes to this project, including change of location of the laser device or personnel. I will inform EH&S of purchases, transfers (including those on campus), and/or disposals of laser devices. I understand that such changes should be reported within 14 days so that EH&S will have ample time to meet the requirements of notification to the TDSHS Radiation Control.
Principal Investigator (Signature): Date:

Part D: Office Use Only – To Be Completed by Environmental Health & Safety

Laser Safety Officer (Signature): LDR Activation Date: