

- New
  - Amendment
  - Renewal
  - Transfer
- Received:

**Harvard University**  
**Application for a Permit to use Non-Ionizing Radiation Devices**



Return to: Harvard University Radiation Protection Office  
 46 Blackstone Street, Cambridge, MA 02139  
 Facsimile: (617) 496-5509

Authorized User: (Permit Holder)	(Last)	(First)	(M.I.)	Degree(s):
Appointment:	School:			Dept:
Office Address: (Bldg.)	(Room)	(Street Address)	(City)	Telephone:
e-mail address:				Facsimile:
Laser / NIR Safety Contact:	(Last)	(First)	(M.I.)	Contact's Telephone:
Contact's Title (Lab Safety Officer, Admin, etc):				Contact's Facsimile:
Contact's e-mail address:				

**SECTION 1: LASER SYSTEM EQUIPMENT**

Manufacturer	Model No.	Serial No.	Building / Room #	Laser Media (e.g. Nd:YAG)	Laser Class
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**SECTION 2: LASER OPERATING PARAMETERS**

Mode (CW/Pulsed/Q-Switch)	CW Power Output (W)	Energy Output (J) Per Pulse	Pulse Length (s)	Pulse Repetition Rate (Hz)	Wavelength (nm)	Beam Diameter (mm)	Beam Divergence
2.							
3.							
1.							
4.							
5.							
6.							
7.							

**SECTION 3: LASER EYEWEAR**

Wavelength Attenuated (nm)	Optical Density (OD)	Quantity	Manufacture

**SECTION 4: LASER SAFETY TRAINING**

<i>Name</i>	<i>Expected Completed Training Date</i>

**SECTION 5: PRE-ASSIGNMENT LASER EYE EXAMINATION**

<i>Name</i>	<i>Expected Eye Examination Completed Date</i>

**SECTION 6: LASER OPERATION PROCEDURES**

- Attached with this application.
- Will be set up before (Date):

**SECTION 7: STATIC ELECTRIC OR MAGNETIC FIELD DEVICES**

Manufacturer	Model Number	Serial Number	Building / Room #	Device Type (NMR, MRI, Magnet)	Field Associated with Device (Tesla, V/m, A/m)	List the Purpose of the Device

**SECTION 8: RADIOFREQUENCY RADIATION (RFR) PRODUCING DEVICES**

Manufacturer	Model Number	Serial Number	Device Type (Radio Antenna, Radar, Oven, Electrosurgical Device)	Frequency of RFR Source (MHz)	Source Power (Watts)	List the Purpose of the Device

**SECTION 9: AUTHORIZED USER LABORATORY EXPERIENCE WITH NON-IONIZING RADIATION DEVICE**

Non-Ionizing Radiation Equipment Used	Name of Institution	Duration of Experience (mos/yrs)	Date(s), beginning with most recent

