**Laser User Authorization, Registration and Transfer (LUART) Form**

**Principal Investigator (Last, First)Click or tap here to enter text. Office:Click or tap here to enter text.**

**Phone:Click or tap here to enter text. Lab Phone:Click or tap here to enter text.**

**E-mail: Click or tap here to enter text. Department:Click or tap here to enter text.**

**Academic Title:Click or tap here to enter text.**

**Lab Manager/Contact: Click or tap here to enter text. Phone:**Click or tap here to enter text.

**Lab Manager/E-mail:Click or tap here to enter text.**

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**Laser Safety Standard Operating Procedure:** attached / not attached

The laser safety standard operating procedure is required for Class 3b and Class 4 lasers or laser systems. Multiple lasers used for the same setup may qualify as one laser system. The [Laser Safety Standard Operating Procedure template](https://cdn.vanderbilt.edu/vu-URL/wp-content/uploads/sites/425/2022/08/20172251/Template-for-SOP-V4-08-12-22.docx) can be downloaded and modified for each system specific needs.

**Laser Registration**

**Complete this part of the LUART Form for each class 3B and/or 4 lasers**

|  |  |
| --- | --- |
| Laser Manufacturer: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Model Number: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Serial Number: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Laser Location: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Building | Department | Room Number |

|  |  |
| --- | --- |
| Laser Type (Nd:YAG, etc): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Classification (3b or 4): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Wavelength (nm): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Beam Diameter (mm): | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Beam Divergence (mrad): | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Continuous Wave: | average power (Watts): | Click or tap here to enter text. |

or

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pulsed: | energy |  | Joules per pulse | pulse repetition frequency (Hz) |  |

or

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q-switched | pulse width |  | energy |  | Joules per pulse |

|  |  |
| --- | --- |
| Purpose of Use: | Click or tap here to enter text. |

**Transfer of the Laser to a New Location or a New Owner**

**The new PI or the laboratory manager who received the laser must update** **LUART Form and send it to Vanderbilt University LSO at** [**lasersafety@vanderbilt.edu**](mailto:lasersafety@vanderbilt.edu)

Is this a **Transfer** of an existing laser to a new owner/location: **Yes  No**

If **YES**, please fill the fields below:

PI Click or tap here to enter text. Department Click or tap here to enter text.

Building Click or tap here to enter text. LaboratoryClick or tap here to enter text.

**List all laser safety eyewear to be used under this** **LUART**

|  |  |  |
| --- | --- | --- |
| **Manufacturer** | **Quantity** | **Optical Density @ Wavelength Range (nm)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

In case of multiple use locations of the laser, please specify locations:

**Laser Use Locations**

|  |  |
| --- | --- |
| **Building** | **Room Number** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Laser Use Authorization**

**List all personnel authorized to use lasers and/or laser systems in PI’s Laboratories under this** **LUART**

**Please enter the name of the user and the date they attended or plan to complete** [**Vanderbilt University Laser Safety Training**](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fecsr.fa.us2.oraclecloud.com%2FhcmUI%2Ffaces%2Fdeeplink%3FobjType%3DWLF_LEARN_LEARNING_ITEM%26action%3DNONE%26objKey%3DlearningItemId%253D300001895785740&data=04%7C01%7Cchelsea.hamilton%40Vanderbilt.Edu%7C47b7fcaf0b4f4fe7f2cd08d946d6feb3%7Cba5a7f39e3be4ab3b45067fa80faecad%7C0%7C0%7C637618711485424480%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=MSIiMpCHJlcwgz6z00n77z9qaHRuBCVgPuqVnb%2B76f4%3D&reserved=0)

|  |  |  |
| --- | --- | --- |
| **User:** Click or tap here to enter text. |  | **Date**: Click or tap to enter a date. |
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I hereby certify that all information in this statement is true and correct. I authorize the release of any past laser radiation exposure history from previous employers to Vanderbilt University. I have read, understand, and will comply with the requirements of Vanderbilt University Laser Safety Policies.

**Submitted by:** **PI Signature:** Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Please send all completed documents to the Vanderbilt University LSO:**

[**lasersafety@vanderbilt.edu**](mailto:lasersafety@vanderbilt.edu)