**Laboratory Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name: |  | PI UT EID: |  |
| PI Email: |  | Office Bldg: |  |
| PI Phone: |  | Office Room: |  |

**Laser Safety Supervisor Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| LSS Name: |  | LSS UT EID: |  |
| LSS Email: |  | Office Bldg: |  |
| LSS Phone: |  | Office Room: |  |

**Laser Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make: | Model: | Serial Number: | Type: | Class: |
|  |  |  |  |  |
| Operating λ (nm): | Range λ (nm): | Beam Diameter at aperature (mm): | Beam Divergence (mrad): | Mode of Operation: |
|  |  |  |  |  |

**Description of Laser Use:**

|  |
| --- |
|  |

**Laser Use Dates & Location:**

|  |  |  |  |
| --- | --- | --- | --- |
| Begin Date: | End Date: | Building: | Room: |
|  |  |  |  |

**Required Controls:**

|  |
| --- |
| As Laser Safety Officer, I am issuing Temporary Control Area Work Permit per ANSI Z136.1 and ANSI Z136.8 to the user and work location listed above to be conducted with the dates also listed above. A hazard evaluation has been completed and the below control measure listed below are sufficient to mitigate the laser hazard. At least one physical barrier must be specified to control access. If it is infeasible to implement a physical barrier, a justification must be provided. |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Laser Worker Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | UT EID: | Signature | Date: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work Authorization:**

Signature denotes verification that training in the provisions of this TCA Work Permit has been provided. Work Leader/Supervisor is responsible for assuring that all required training, including OJT and task specific training, has ben provided prior to beginning work.

|  |  |  |
| --- | --- | --- |
| PI Name: | Signature: | Date: |
|  |  |  |
| Laser Safety Officer Name: | Signature: | Date: |
|  |  |  |