LASER DEVICE USE REQUEST / AUTHORIZATION

1. Originator Name	2. Phone	3. Date

I. LASER DESCRIPTION

4. Type of Laser Media	5. Manufacturer	6. Model Number	7. Serial Number	8. ANSI Class
9. Registration Number	10. Operating Mode	11. Peak Power	12. Pulse Duration	13. Pulse frequency
14. Wavelength	15. Exposure Duration	16. Beam Diameter	17. Aperture	18. Divergence

II. USE DESCRIPTION

19. Scanning (if applicable)		20. Brief Description of use:
a. Rate	b. Angle	

III. HAZARD ANALYSIS

21. ANSI MPE		22. Eyewear O.D. Required			
23. Nominal Hazard Zone (NHZ)		a. Direct Beam		a. Direct Beam	
c. Scattered		d. Other			

IV. AREA DESCRIPTION

24. Use Location(s)		25. Storage Location(s)	
a. Building(s)		a. Building(s)	
b. Room(s)		b. Room(s)	

26. Attach sketch of system use area including locations of devices, beam paths, warning lights, interlocks, etc.

27. Provide optical path sketch (if applicable)

V. PROCEDURES

(Attach copies of procedures)

☐ 28. Operating Procedure ☐ 29. Emergency procedure ☐ 30. Safety Procedure ☐ 31. Other

VI. SYSTEM USERS

32. Area Laser Safety Officer	a. Name:	b. Phone:

33. Certified Laser Operators

a. Name	b. Phone	a. Name	b. Phone	a. Name	b. Phone
a. Name	b. Phone	a. Name	b. Phone	a. Name	b. Phone

34. Submit completed a JF1023 for each of the above named individuals in section VI.

VII. AUTHORIZING SIGNATURES

35. Use Supervisor / Custodian	a. Name	b. Phone	c. Signature	d. Date
36. NASA Tech Mgr. or NASA Supervisor	a. Name	b. Phone	c. Signature	d. Date
37. Facility Manager	a. Name	b. Phone	c. Signature	d. Date
38. JSC Laser Safety Officer or Alternate	a. Name	b. Phone	c. Signature	d. Date
39. JSC Radiation Safety Committee Chairperson	a. Name	b. Phone	c. Signature	d. Date