Form 24-2-2

Laser User Registration Form

(for Users of Laser Installed in SPring-8/SACLA)

To:

Japan Synchrotron Radiation Research Institute Safety Office

Date:

Month / Day / Year

Director of Users Office\*: (seal) Laser Supervisor Name\*: Affiliation\*: Signature\*:

\*Leave blank.

I apply for High-Power Laser experiment worker management as follows.

|  |  |  |
| --- | --- | --- |
| Applicant Information | Name |  |
| Affiliation |  |
| Division (Dept.)/Position |  |
| User Card ID No. |  |
| Address |  |
| Phone (ext.) |  |
| E-mail |  |
| Proposal No. | (proposal no. for the first laser experiment of the fiscal year.) | |
| Period of Work | FY (from April 1 to March 31 of the following year) | |

I hereby certify that:

1. From the results of health examination, I have confirmed that the above applicant is certified fit to perform laser experiments.
2. Based on the results of the health examination, I have given the applicant approval to perform laser experiments during the fiscal year.
3. In the event that the applicant is declared medically unfit to continue laser experiments, I will immediately report the fact to the Safety Office.

Name (print and sign)\*\*

\*\*Applicant's organization head or equivalent, who is responsible for the applicant's laser experiments.

For JASRI Safety Office Use Only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registration Type | * New 口 | | Re-registration | (Previous registration: FY ) | | |
| Date Submitted |  | Director of Safety Office | |  | Safety Office |  |