

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

Date: _____
Month / Day / Year

To:
Japan Synchrotron Radiation Research Institute
Safety Office

Director of Users Office*: _____ (seal)

Laser Supervisor Name*: _____

Affiliation*: _____

Signature*: _____

*Leave blank.

I hereby request that the following applicant be permitted to engage in laser experiments at SPring-8 and SACLA according to the Rules for the Prevention of Laser Hazards prescribed by the JASRI.

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	<input type="checkbox"/> New	<input type="checkbox"/> Re-registration	(Previous registration: FY _____)		
Date Submitted		Director of Safety Office		Safety Office	