

High-Power Laser Use Authorization Application

(for SPring-8/SACLA users)

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|-----------------------------|--|---|
| Proposal Information | Proposal number 研究課題番号: <input type="text"/> | Beamline ビームライン名: <input type="text"/> |
| | 研究課題名: Title of experiment <input style="width: 100%; height: 40px;" type="text"/> | |
| | 実験責任者: Project Leader <input style="width: 100%; height: 20px;" type="text"/> | |
| | 所属: Affiliation <input style="width: 100%; height: 20px;" type="text"/> | |

Date of Application: _____
Month / Day / Year

To:
 Japan Synchrotron Radiation Research Institute
 Safety Office

I hereby request authorization to install/use the high-power laser systems as below:

1. Laser Supervisor

Organization

Name

User Card ID No.

Phone

Email

2. Director at Laser Supervisor's Organization

Organization

Position

Name

Phone

Email

3. Location of Installation

4. Installation Period

from _____ to _____
Month / Day / Year Month / Day / Year

5. Purpose of Use (attached / not attached)

6. Specification (attached / not attached)

Class: 3R 3B 4 Operation Mode: CW pulse _____
Type: _____ Peak Power: _____
Wavelength: _____

7. Safety Measures to Be Implemented (attached / not attached)

8. List of Users Handling Laser Systems excl. Laser Supervisor

(attached / not attached)

| Organization | Name |
|--------------|------|
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9. Schematic Layout of Laser Systems and Equipment (attached / not attached)
(Indicate the location of the laser controlled area and warning signs.)

10. A laser interlock test has been conducted under the same conditions as those described in this Application.

(Yes / No)

----- Office Use Only -----

Beamline Scientist

Name: _____

Division: _____

Phone: _____

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|--|------------------------------------|
| For JASRI Safety Office Use Only | |
| I hereby approve the installation /use of the laser systems. | Date: _____ |
| | Director Safety Office of JASRI |