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| **UCSC** | | | |
| **Laser Standard Operating Procedure (SOP)** | | | |
| [Title] | | | |
| **Department:** |  | **Date:** |  |
| **Principal**  **Investigator/Supervisor:** |  | **Office Phone#:** |  |
| **Procedure Author:** |  | **Lab Phone#:** |  |
| **Location(s) covered by this SOP/Building/Room#:** |  | **Author Email:** |  |

Laser Safety Officer:

TristanWhite [twhite2@ucsc.edu](mailto:twhite2@ucsc.edu) (831) 502-7158

Brief Experimental Summary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laser Classification:

Make: Model: Serial No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LASER TYPE**:

|  |  |  |
| --- | --- | --- |
|  | **PULSED** | **CONTINUOUS WAVE** |
| Wavelength (s) | nm | nm |
|  | nm | nm |
|  | nm | nm |
| **LASER OUTPUT** |  | |
| Power or Energy | mJ/pulse | mW |
| Radiant Energy/Irradiance | mJ/cm2 | mW/cm2 |
| Pulse Repetition Frequency | Hz |  |
| Pulse Duration | sec |  |

Beam Diameter (mm) Beam Divergence (milliradians) \_\_\_\_\_\_\_\_\_\_\_

ANSI MPE mW/ cm2

Procedure:

|  |  |
| --- | --- |
| **Procedure Steps** | **Precautions** |
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|  |  |

Personal Protective Equipment (PPE):

Prerequisites: training, authorized personnel

Non-Beam Hazards:

|  |
| --- |
| First Aid / Emergency Procedures: |

For immediate medical assistance, dial **911**. Report all serious injuries to EH&S as soon as possible.

* For employees, follow the instructions at the Risk Services website: <http://risk.ucsc.edu/workers-comp/reporting-and-treatment.html>
* Seek medical attention immediately.

Complete incident report form, <http://risk.ucsc.edu/all-forms/wc-incident-report-form.pdf>, (contact EH&S) and/or follow the instructions at the Risk Services website: <http://risk.ucsc.edu/workers-comp/reporting-and-treatment.html>

***I have reviewed and approve this Standard Operating Procedure.***

|  |  |
| --- | --- |
|  | |
| PI Signature | DATE |

**Documentation of Training** (signature of all users is required)

**I have read and understand the content of this SOP:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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