



UCSC Laser Standard Operating Procedure (SOP)

Department:		Date:	
Principal Investigator/Supervisor:		Office Phone#:	
Procedure Author:		Lab Phone#:	
Location(s) covered by this SOP/Building/Room#:		Author Email:	

Laser Safety Officer:
lasersafety@ucsc.edu
(831) 459-2553

Brief Experimental Summary:

Laser Classification: _____

Make: _____ Model: _____ Serial No. _____

LASER TYPE: _____

	<input type="checkbox"/> PULSED	<input type="checkbox"/> CONTINUOUS WAVE
Wavelength (s)	nm	nm
	nm	nm
	nm	nm
LASER OUTPUT		
Power or Energy	mJ/pulse	mW
Radiant Energy/Irradiance	mJ/cm ²	mW/cm ²
Pulse Repetition Frequency	Hz	
Pulse Duration	sec	

Beam Diameter (mm) _____ Beam Divergence (milliradians) _____

ANSI MPE _____ mW/ cm²

Procedure:

Procedure Steps	Precautions

Personal Protective Equipment (PPE):

Prerequisites: training, authorized personnel

Non-Beam Hazards:

First Aid / Emergency Procedures:

For immediate medical assistance, dial **911** for campus dispatch. Ask for EH&S to be notified.

- Notify your supervisor
- For employees, follow the instructions at the Risk Services website: <https://risk.ucsc.edu/workers-comp/reporting-and-treatment.html>. Complete the Employer's First Report of Injury (EFR) here: <https://risk.ucsc.edu/workers-comp/reporting-and-treatment.ht>.

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, and I have received system-specific training.

Name	Signature	Date