Protocol Title:

Appendix J – Laser Safety Summary

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| Laser Safety Committee (LSC) Coordination  The principal investigator/instructor (PI) is responsible for insuring that all special requirements for personal protective equipment (PPE) and laser safety are conducted in accordance with approved standards and that the procedures described in this animal use protocol comply with all applicable OSU, state, and federal regulations governing the use of lasers. IACUC approval shall be withheld until the PI has approval from the Laser Safety Officer to use the laser(s) mentioned and in the manner for which approval was given. |
| This appendix and all relevant information of this animal protocol have been reviewed for LSC compliance. I hereby assure that the machine/procedures/practices described are in accordance with the PI’s approval to work with the items listed. |
| |  |  |  | | --- | --- | --- | |  |  |  | | Laser Safety Officer |  | Date | |

1. **Authorized Laser User:**
2. **Laser Type(s) and Location(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Laser** | **Wavelength/Power** | **Laboratory** | | **Animal Facility** | |
| **Building** | **Room** | **Building** | **Room** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. **Laser Procedures/Methods:** (Complete the table for each laser and briefly describe each procedure and restraint method that will be used.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Laser** | **Target Tissue** | **Time** | **Route** | **Frequency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Description of Laser Procedures: | | | | |

1. **Required Laser Laboratory Access Controls/Restrictions:**

1. **Required Personal Protective Equipment (PPE):**