OKLAHOMA STATE UNIVERSITY

LASER INCIDENT REPORT

Radiation Safety Officer, Brandon Jordan, 211 Scott Hall, Stillwater, OK 74078, 405-744-7890

Send a signed copy of this form to the Radiation Safety Officer. Keep one copy of this form for your files. **MUST BE TYPED**.

Investigator's Name	Department
Address	Phone
E-Mail	Current Date

If this work is supported by a research grant, provide grant title, funding agency, and principal investigator(s).

Has this incident been reported to the Department Head? No

Has this incident been reported to the Radiation Safety Officer? No

Did this incident involve eye exposure? No

Did this incident involve skin exposure? No

Was medical treatment sought for an injury? (See Footnote 1) No

If yes, how long after the incident?

Do you or your workers have any unanswered questions concerning any health effect originating from the incident? No

Has this incident occurred before in connection with this study? No

If yes, explain below.

Date and time of incident:

Location of incident:

Wavelength and power of laser involved: nm mW

Description of laser incident and action taken (add typed narrative on an attached page if necessary):

Signature of Investigator _____ **Date** _____

Signature of RSO _____ **Date** _____

[1]Any employee with an actual or suspected laser-induced injury should be evaluated by a medical professional as soon as possible after the exposure. For laser-induced injury to the eye, the medical evaluation shall be performed by an ophthalmologist. Employees with skin injuries should be seen by a physician.