

WILLIAMS COLLEGE
RENEWAL APPLICATION FOR LASER USE

I. Personal Data

Name _____

Department _____

Room Number _____ Phone _____

II. Use of Lasers

Date of original authorization _____

Date of most recent re-authorization _____

Since the date of most recent re-authorization,

has there been any change in the type of laser system used? _____

has there been any significant change in experimental procedures that might affect personnel safety? _____

(If the answer to either of the above is "Yes", please explain below)

III. Explanation of Changes

Signature_____

Date_____

Approved by the Laser Safety Committee_____

Date_____