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