

EYE PROTECTION REVIEW REQUEST

PERSON IN CHARGE		CODE	PHONE NUMBER
TYPE OF LASER			CLASSIFICATION
BUILDING LOCATION OF LASER		ROOM LOCATION OF LASER	
HP LASER NO.	MANUFACTURER		
MODEL NO.	SERIAL NO.	PLANT ACCOUNT NO.	
CW LASER: Wave length _____ nm Power: _____ Watts			
PULSED LASER <i>(please provide maximum beam hazard)</i>			
Wavelength (nm)	Pulse (Joules)	Pulse Length (sec)	Rep. Rate (Hz)
Are any of the above beams generated simultaneously? If so, please comment and indicate what the total power or energy per pulse is.			
BEAM SHAPE AND DIMENSIONS AT 1/e POINTS		Circular: _____ cm Rectangular: _____ cm x _____ cm Elliptical: minor: _____ cm x major: _____ cm Other (specify): _____ Divergence: _____ milliradians	
NAMES OF NRL EMPLOYEES FOR WHOM THE LASER EYEWEAR IS REQUESTED			
FULL NAME	CODE	PHONE NUMBER	* TYPE DESIRED
* TYPE: e.g., Goggle, Spectacle, Wraparound, LGF Full-view, etc. If prescription eyewear is desired, so indicate. Visit the Safety Office in Bldg. 208, Rm. 108 to see what types of eyewear are available.			
NOTE: 1) NRL will NOT purchase laser eyewear for contractors. <i>(Contractors purchase their own eyewear as approved by NRL Health Physics.)</i> 2) Please attach prescription <i>(within 1 yr.)</i> to this form if prescription laser safety glasses are requested. 3) When completed, return this form to CODE 3544.			