

High-Power Laser Use Authorization Application

(for SPring-8/SACLA users)

Proposal Information	研究課題番号: <input type="text"/>	Proposal number	ビームライン名: <input type="text"/>	Beamline
	研究課題名: Title of experiment	<input type="text"/>		
	実験責任者: Project Leader	<input type="text"/>		
	所属: Affiliation	<input type="text"/>		

Date of Application: _____
Month / Day / Year

To:
Japan Synchrotron Radiation Research Institute
Safety Office

I hereby request authorization to install/use the high-power laser systems as below:

1. Laser Supervisor (Project Leader)

Organization

Name

User Card ID No.

Phone

Email

2. Director at Laser Supervisor's Organization

Organization

Position

Name

Phone

Email

3. Location of Installation

4. Installation Period

from _____ to _____
Month / Day / Year Month / Day / Year

5. Purpose of Use (attached / not attached)

6. Specification (attached / not attached)

Class: 3R 3B 4 Operation Mode: CW pulse _____
Type: _____ Peak Power: _____
Wavelength: _____

7. Safety Measures to Be Implemented (attached / not attached)

8. List of Users Handling Laser Systems excl. Laser Supervisor

(attached / not attached)

Organization	Name

9. Schematic Layout of Laser Systems and Equipment (attached / not attached)
(Indicate the location of the laser controlled area and warning signs.)

----- Office Use Only -----

Director of Users Office

Name: _____ seal _____

Beamline Scientist

Name: _____ seal _____

Division: _____

Phone: _____

Directors

Director of Research & Utilization Division

Name: _____ seal _____

Director of Industrial Application Division

Name: _____ seal _____

Director of XFEL Division

Name: _____ seal _____

For JASRI Safety Office Use Only	
I hereby approve the installation /use of the laser systems.	Date: _____
	Director Safety Office of JASRI