

The University of Southern Indiana Laser Safety Acquisition Form

Departmental Information...

Faculty Member:	Department:
Campus Address:	Campus Phone Number:
Faculty E-mail Address:	Department Head:

Laser Information...

Manufacturer:	Laser Classification:
Building:	Room Number:
Manufacturer:	Laser Classification:
Building:	Room Number:
Manufacturer:	Laser Classification:
Building:	Room Number:
Manufacturer:	Laser Classification:
Building:	Room Number:
Manufacturer:	Laser Classification:
Building:	Room Number:

Laser (s) will be in use... *(check all that apply)*

<input type="checkbox"/> Fall Semester ____	<input type="checkbox"/> Spring Semester ____	<input type="checkbox"/> Summer ____
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Please return to:

**Environmental Health and Safety
Administrative Services Annex North
ATTN: EH&S Manager**