Laser Permit Amendment

Permit Information

Principal Investigator: _______________________________________
Permit Number: ___________________________________________
Expiration Date: ___________________________________________
Department: ______________________________________________

I request to make the following amendments to the permit above (select):

☐ Laser Inventory (specify):

☐ Add a laser

All new lasers must be registered with the EHS Office and proper documents must be submitted, including the Registration form, Hazard Assessment, and SOP

☐ Remove a laser:

Laser Number: ____________________________________

☐ Change to Authorized Users

Submit the current user list for approval

☐ Change of location

Laser Number: _______________________________
Building: ______________________________________
Room: ________________________________________

☐ Change Principal Investigator

Current Principle Investigator:

Name:________________________________________
Signature: ___________________________________

New Principle Investigator:

Name:________________________________________
Signature: ___________________________________

☐ Change the status of a laser permit to STORAGE

A laser storage permit allows the possession of a laser on Dalhousie University campus but does not authorize the use of the laser for any purpose.
Other (describe):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Principal Investigator:

Name: _______________________ Signature: _______________________ Date: _________________

Laser Safety Officer:

Name: _______________________ Signature: _______________________ Date: _________________