

Request to Purchase a Class 3B or Class 4 Laser

U-M EHS Review Form

Download the Request to Purchase a Class 3B or Class 4 Laser, then complete the following information regarding your current laser safety program and the specifics of the laser(s) you want to purchase.

After completing the form, save it and email it as an attachment to ehs-lasersafety@umich.edu.

Date: _____

Department Name: _____

Laboratory Director: _____

Where will the Laser(s) be located?

Building: _____

Room: _____

Person placing Laser order: _____

Contact Phone Number: _____

Contact E-Mail: _____

Class of Laser: 3B 4 Wavelength _____ Power _____ Type _____

Number of Lasers: _____

Laser Manufacturer: _____

Model Number: _____

Supplier Name: _____

Laser Safety Supervisor (LSS) responsible for this Laser: _____

Laser Contact Phone Number: _____

E-Mail: _____

M-Pathways Requisition Number (if known): _____

Use the "Save" button to save the Form, and then email it as an attachment to ehs-lasersafety@umich.edu.

SAVE FORM

RESET FORM

EHS USE ONLY		SSP USE ONLY	
Approved on		Sent to	
By		@EHS on	
Denied on		Rec'd from	
By		@EHS on	
Denial Reason:	Approved <input type="radio"/>		Denied <input type="radio"/>
	Sent to Dept.		

