

Request to Purchase a **Class 3B** or **Class 4** Laser

U-M EHS Review Form

Date: _____

Laser Safety Contact (Person Responsible for Device) *: _____

Laser Safety Contact Phone Number: _____

E-Mail: _____

Laser Safety Training Cert of Completion Date *: _____

Laser(s) Location and Info*

Building: _____

Room: _____

Laboratory Director: _____

Department Name: _____

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

Number of Lasers: _____

Laser Manufacturer: _____

Model Number: _____

Supplier Name: _____

Person placing Laser order: _____

Contact Phone Number: _____

Contact E-Mail: _____

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

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.	