

WRITTEN NOTICE FOR LASER LIGHT SHOW IN TEXAS

It is requested the information listed on this document be received in writing by this Agency seven days prior to the laser light show performance. If a telephone notice is necessary, all information listed in this document must be transmitted to the Agency by email the same day as telephone notification.

1. Details of laser display:

(a) Client _____ (b) Showtime dates _____ Time _____
 (c) Venue _____
 (d) Local contact person _____ (e) Local telephone no. _____

2. Laser provider and registration no.:

(a) Name _____ (b) Address _____
 (c) Operator _____ (d) registration No. Z _____

3. Type of installation

(a) Enclosed/open air _____ (b) Permanent/Temporary _____
 (c) Date and time of installation (set up date) _____
 (d) Date(s) of use if temporary installation _____

4. Purpose of laser display (e.g. lighting, disco, display advertising, etc.) _____

5. Specific parameters:

Laser System Type	Manufacturer	Model No.	Serial No.	Mode of Operation C/W pulsed	Nominal Output Power	Classification
Display Laser Product		Wavelength	Energy per Pulse	Pulse Width	Pulse Period or repetition frequency	

6. In addition to the information required on this form, the following shall be given:

(a) Sketch plan(s) of display laser devices. Indicate: (i) Laser system(s) (ii) Display effects (iii) Additional optical components, e.g. scanning heads, beam splitters, etc. (iv) Beam attenuators/beam stops (v) Installed safety devices (vi) Personnel safety equipment	(b) Sketch plan(s) of laser display area(s). Indicate: (i) Location(s) of display lasers (ii) Location(s) of targets (iii) Location(s) of beam stop(s) (iv) Beam path(s) (v) Location of control console(s) (vi) Boundary(ies) of laser display area(s)
(c) FDA variance accession no. and expiration date	(d) FAA Approval

7. Conditions requiring shutdown of laser: Outline/give brief summary of conditions, that should they arise would require/result in shutdown of laser.

8. Calculations/Measurements of exposure levels:

9. Security of laser: Outline/give brief summary of installed features and other safety guards.

I hereby certify that all information in this request is true and complete to the best of my knowledge.

SIGNED _____ TITLE _____ DATE _____
 MAIL TO: Texas Department of State Health Services
 Radiation Unit, MC 1986
 PO Box 149347 Austin,
 TX 78714-9347
 Call: (737) 218-7136, if assistance needed
 Fax: (512) 483-3431
 Email: radiationxrayinspections@dshs.texas.gov