

WRITTEN NOTICE FOR LASER LIGHT SHOW IN TEXAS

*All form fields must be complete. Submit the completed form, **seven days** prior to the laser light show performance.

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 #:

(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 (setup 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, include the following:

(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. Laser Shutdown Conditions: Outline/Provide brief summary of conditions, should they arise, that would require/result in a laser shutdown:

8. Calculations/Measurements of exposure levels:

9. Security of Laser: Outline/List 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