|  |  |  |
| --- | --- | --- |
| Name of injured person |  | |
|  |  |  |
| KAUST ID of injured person |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Injury | Click here to enter a date. | Time of Injury |  |
|  |  |  |  |
| Location  (i.e.B4-0250) |  |  |  |

1. Which eye/part of body was injured?

Left  Right  Both  Part of Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the injured person wearing laser safety eyewear?

Yes (answer question 3)  No (go to question 4)

1. Description of the safety eyewear worn:

|  |  |  |  |
| --- | --- | --- | --- |
| OD |  | Wavelength band covered |  |

1. Was the injury due to:

Direct viewing of the laser beam  Specular reflection  Diffuse reflection

1. Room lighting conditions during incident:

Lights on

Deemed light / semi-dark

Light off / dark room

1. Laser emitted wavelength:
2. Indicate the laser class:  Class 4  Class 3B  Class 3R

Class 2/2M  Class 1/1M

1. Was the output of the laser Continuous Wave (CW) or Pulsed?  CW  Pulsed
2. Provide the laser Output Parameters (estimation would help):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***CW laser (provide units)*** | | |  | ***Pulsed laser (provide units)*** | | |
| Output Power |  |  |  | Output Power |  |  |
| Beam Diameter |  |  |  | Beam Diameter |  |  |
|  |  |  |  | Pulse Duration |  |  |
|  |  |  |  | Frequency |  |  |
|  |  |  |  |  |  |  |

1. Description of the incident (eye/skin injury):

|  |
| --- |
|  |