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

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

1. Which eye was injured?

[ ]  Left [ ]  Right [ ]  Both

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

|  |
| --- |
|  |