|  |  |  |
| --- | --- | --- |
| 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

|  |
| --- |
|  |