Principal Investigator:
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Purpose:
The laboratory in the room 140 is for spectroscopic investigations of materials properties at extreme pressure and temperature conditions.
All laboratories and facilities on the Broad Branch Rd. campus are controlled areas. Specific training must be completed and documented before working in this laboratory / facility.

Laser Safety Regulations
1. Only authorized laser users are allowed to enter Laser Controlled Area (LCA) and to operate/use High-Pressure Group’s laser systems. These systems include:
   (a) fiber, (b) solid state, (c) Ti:Sapphire, and (d) supercontinuum lasers in Room 140.
The potential hazards include eye/skin damage for the users and other people who are present and fire.
2. To be qualified as authorized laser user, one needs to
   (a) be a qualified GL employee or a registered GL visitor,
   (b) complete GL laser safety training,
   (c) complete GL laser user orientation and sign GL laser user agreement form.
3. Authorized laser users understand and agree to follow GL laser safety regulations and rules.
4. Authorized laser users understand and agree to follow the operation procedures of the laser systems at the High-Pressure Group, GL.
5. Users agree to follow the following major rules:
   (a) Wear safety glasses where it’s required (see the warning signs).
   (b) Do not modify or remove any component of the laser systems or laser safety components without approval of the responsible staff members.
   (c) Use minimum laser power to reduce any potential hazard.
   (d) No drinking, eating, smoking in the LCA.
7. The storage of hazardous materials is not allowed in the laser controlled area. The use of hazardous materials should be approved by the authorized GL staff member (Alexander Goncharov).
8. The fire extinguisher is located on the wall outside the lab.
9. After hour work is allowed only is allowed only by permission of the responsible staff scientist Alexander Goncharov (202-478-8947)

Laboratory User
I agree that I have thoroughly read and understood this laboratory safety document. I have access to this safety information at all times when I am working. I have been trained to be able to identify the hazards to which I may be exposed and to follow the work practices and procedures discussed in this document. I certify that I will conduct my research work safely and that I will be responsible for following stated safety policies.

_________________________     _________________________     __________________
User Name (Print)             User Signature              Date
Principal Investigator

I certify that the information presented in this safety document is accurate and complete. I agree to comply with all safety procedures and to fully train and supervise all researchers under my direction.

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PI Signature             Date