



LASER REGISTRATION

LASER REGISTRANT

Principal Investigator:		Phone #:	
Office	Rm:	Bldg:	Department:
Email:			
Laser Contact Person:		Phone #:	
Email:			

****** COMPLETE ONE REGISTRATION FORM FOR EACH LASER, LASER PRODUCT OR SYSTEM ******

LASER SPECIFICATIONS

Laser Operability:		
Laser Location: Room:		Building:
Manufacturer:	Model:	Serial #:
Wavelength(s) (nm):	Laser Class:	Date Manufactured:
Description:		
Beam Diameter @ aperture (mm):		Beam Divergence (mrad):
Laser Type:		
Ave. Beam Power (mW):	Ave. Energy (J/pulse):	Pulse Frequency (Hz):
Max. Beam Power (mW):	Max. Energy (J/pulse):	Pulse Duration (sec):

LASER USE

Purpose of Use:	
Laser modified:	Laser beam/path modified:
Modification descriptions:	
Laser system uses open beam paths:	
Interlocks are original to the laser system:	
Shielding is original to the laser system:	
Potential hazards present or created (Laser Generated Air Contaminants (LGAC), compressed gas, etc.):	
Laser Safety Eyewear Available:	Wavelength (nm) & Optical Density: