**Laser Registration Form**

Forward completed copy to LSO

|  |  |
| --- | --- |
| Laser Information | |
| Department Contact Person |  |
| Telephone Number |  |
| Email |  |
| Faculty/Department/Unit |  |
| Location of Laser (Building & Room #) |  |
| Manufacturer and Model |  |
| Serial Number |  |
| Hazard Class (IIIB or IV) |  |
| Type (lasing media) |  |
| Wavelength(s) (nm) |  |
| Single pulse, Multiple Pulse or CW |  |
| Output Power (W) |  |
| For pulse laser |  |
| Pulse Energy |  |
| Pulse Length/Period |  |
| Repetition Rate |  |

**Safety Related Information:**

|  |  |
| --- | --- |
| Open beam, partially open beam, or enclosed beam? |  |
| Describe laser application. |  |
| Does the laser require regularly scheduled maintenance or alignment? If yes, describe. |  |
| Is the manufacturer’s operating procedure available? |  |
| Is the manufacturer’s laser datasheet available? |  |