

LASER REGISTRATION FORM (LRF)
(Please complete a form for each Class 3B or 4 laser)

Date: _____

Name of Principal Investigator: _____

Phone No: _____ Office No. _____ Dept.: _____

Names of Laser Users: _____

Building and Room Location of Laser Use: _____

Laser Storage Location (if different from above): _____

Make/Model of Laser: _____

Laser Serial Number: _____

Type of Lasing Medium: _____

LASER INFORMATION

Laser Classification Marked on Laser (circle one): 3B 4 none

CW

Pulsed

Wavelength(s): _____(nm)

Wavelength(s): _____(nm)

Max. Op. Power: _____(W)

Pulse duration: _____(sec)

Avg. Op. Power: _____(W)

Pulse frequency: _____(Hz)

Max. Op. Energy: _____(J)

Avg. Op. Energy: _____(J)

Beam diameter at aperture: _____(mm)

Beam divergence: _____(mrad)

Laser Use (describe briefly): _____

Safety Considerations (describe briefly): _____
