

Laser Registration

1. Laser Supervisor (LS):			
Last Name		First Name	
Middle Initial			
Department:		Email:	
2. Primary Laser Location: Building: _____ Room: _____			
Laser Use Location: <input type="checkbox"/> Stationary Indoor <input type="checkbox"/> Mobile Indoor <input type="checkbox"/> Stationary Outdoor <input type="checkbox"/> Mobile Outdoor			
3. Specifications of Laser System:			
Manufacturer:		Model:	
Laser Type:		Class:	Manufacture Date:
Brief Description of Laser Purpose:			
Serial #:		Required Safety Procedures are posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Beam diameter & divergence measured at the <input type="checkbox"/> 1/e <input type="checkbox"/> 1/e ² point.			
Beam Shape is: <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Rectangular <input type="checkbox"/> Multiple Array:			
Beam Diameter ₁ (mm):		Beam Divergence ₁ (mradian):	
Beam Diameter ₂ (mm):		Beam Divergence ₂ (mradian):	
Beam Interlocks are: <input type="checkbox"/> Fail-Safe <input type="checkbox"/> Defeatable			
All service to the laser will be performed by a certified technician from the manufacturer or equivalent (provide documents of training for both laser and electrical safety). <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Continuous Wave (CW)		Pulsed: (<input type="checkbox"/> Single <input type="checkbox"/> Multiple)	
Wavelength (nm):		Wavelength (nm):	
Maximum Operating Power (W):		Minimum Pulse Duration (sec.):	
Average Operating Power (W):		Maximum Pulse Frequency (Hz):	
		Maximum Operating Energy (J):	
		Average Operating Energy (J):	
4. More Laser Information. Please check the appropriate box:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Exposed beam path	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used as a pumping laser
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of beam focusing optics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Robotics used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tunable laser	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used for machining
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home-fabricated or self-modified laser		
Non-Beam Ancillary Hazards:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	High voltage used (> 600 volts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous dye laser
<input type="checkbox"/> Yes <input type="checkbox"/> No	High voltage supplies accessible (> 30kVp)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of compressed gases
<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrically live parts are exposed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of cryogenes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Laser Generated Air Contaminants (LGACs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnet hazard
<input type="checkbox"/> Yes <input type="checkbox"/> No	Plasma hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Noise hazard
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ionizing radiation hazard (x-rays)		