

Appendix D



Laser Registration Form

General Instructions:

Please Answer all questions and do not leave any blanks. If a question has no connection to the work in your lab(s), please write "NA" or "not applicable" next to the answer so the Laser Safety Committee can be certain you have not overlooked important information. You are not confined to the boxes for your responses. If you wish to add additional information, attach separate sheets for elaboration.

Investigator Information:

Principal Investigator: _____ Department: _____

Building: _____ Room number: _____

Laser Information:

Manufacturer: _____ Model: _____ Serial Number: _____

Procured or on loan from: _____

Use*: _____

Note: *Indicate use as medical, therapy, research, industrial, demonstration, portable application, etc.

Type of Laser:

Laser Class. Please indicate the class of the laser present in your lab by placing an "x" in the box.

Class 3B

Class 4

Laser Type: Please indicate the type of laser present in your lab by placing an "x" in the box

Crystal Describe: _____

Gas Describe: _____

Glass Describe: _____

Liquid Describe: _____

Semiconductor Describe: _____

Other Describe: _____

Power Characteristics:

Continuous Wave (CW)

Pulse

Q-Switched

Mode Locked

CW Power Output (Watts): _____

Energy Output per Pulse (Joules): Peak _____ Average _____

Frequency or Pulse Repetition Rate (Hz): _____ Pulse Duration at FWHM (nsec) _____

Beam Wavelength (nm): _____

Beam Diameter (mm): _____ at 1/e, or at 1/e² _____

Beam Divergence (mrad): _____ at 1/e, or at 1/e² _____

Certification

PI Signature: _____ Date: _____

When completed fax to 815-753-6294 or through Campus mail to Environmental Health and Safety, attn. Dave Scharenberg