



# Office of Radiation Safety Laser Registration Form

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**Registrant** (Laser Owner/ Supervisor):

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Name: \_\_\_\_\_ Department: \_\_\_\_\_

Room: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Laser Description:** The specifications/characteristics of this equipment are as follows:

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1. Type: \_\_\_\_\_

2. Manufacturer: \_\_\_\_\_

3. Model No: \_\_\_\_\_ 4. Serial No: \_\_\_\_\_

5. Laser Class: \_\_\_\_\_

6. Types of Operation:

(a) C.W. \_\_\_\_\_ (b) Pulsed \_\_\_\_\_

(c) Multiple Pulsed \_\_\_\_\_ (d) Other \_\_\_\_\_

7. Rated Power Output: \_\_\_\_\_

8. Energy Output Per Pulse at Rated Output Power: \_\_\_\_\_

9. Pulse Duration at Rated Output: \_\_\_\_\_

10. Pulse Repetition Frequency: \_\_\_\_\_

11. Operating Wavelengths: \_\_\_\_\_

12. Beam Diameter: \_\_\_\_\_

13. Other Pertinent Information: \_\_\_\_\_

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Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_