

DEPARTMENT INFORMATION			
Department		Laser contact person	
PI Name		Phone	
Position/Title		*Registration Number	
Phone		*Registration Date	

\* For Radiation Safety Office use only

**LASER INFORMATION**

Please list all Class 3B and Class 4 lasers to be used. Attach additional forms as necessary. Upon receipt of the completed forms, Laser Safety Officer will conduct a laser hazard assessment in your laboratory.

#	1	2	3	4	5
Location/Bldg-room					
Manufacturer					
Model					
Serial #					
Classification					
Lasing Medium					
Wavelength (nm)					
Operation mode					
Beam Diameter (mm)					
Beam Divergence (mrad)					
Power (W) \ k - pulse (J/pulse)					
Pulse rate (Hz)					
Pulse width (s)					
Status					
RSO Laser Number					

Comments (please provide any additional information as needed, including purpose of use/application of laser)