

Laser Use Registration Form

Date Registered _____

Instructions: Please register Class 2, 3b, and Class 4 lasers with the Office of Environmental Health and Safety Complete this form for each laser to be registered and send to:

OEH&S Laser Safety Officer
5425 Woodward Ave., Suite 300
Attention: Wendy Barrows 313-577-9505
fax # 313-993-4079

Principal Investigator: _____ Department/ Division: _____

Phone number: _____ Email: _____

Office address: _____

Location of Laser: Room number _____ Building _____

Brief Description of Laser

Manufacturer _____ Model# _____

Serial# _____ Laser Class (1, 2, 3B, 4) _____

Beam type: Open Beam Closed Beam Partially Closed Beam

Laser type (HeNe, Nd:YAG) _____

Wavelength (nanometers) _____

Mode of operation/ beam emission: Continuous Wave Single Pulse / Q-Switch Repetitive Pulse

Continuous Wave: Power Output (Watts) _____

Pulsed: Output per Pulse (Joules) _____ Pulse Duration (seconds) _____ Pulse Repetition Rate (Hz) _____

Q-Switched: Energy: Joules per pulse _____

Beam Diameter _____ millimeters Beam Divergence _____ mill radians

What is the laser being used for?

What is the target material? _____ Is the laser water cooled? _____

Are gases used? List _____ Is dye used? _____

Has this laser been modified or altered from original manufacture specs? _____

Door interlock system that shut down laser upon room entry? _____

Laser Warning lights outside entry door? _____ CAUTION or DANGER sign posted? _____

Barrier or curtain at the entry door? _____ Protective eyewear for this laser? _____

Lab has Standard Operating Procedures? _____ Alignment procedures? _____

Users have Laser Safety Training? _____ Users have Laser Specific Training? _____