

Laser Registration Form

For Class 3b and 4 lasers

Contact Information

Principle investigator:	Office Phone:
Campus Mail Address:	
Lab Contacts (if other than PI):	Lab Phone: Office Phone:

Laser Information

Laser Location			
Department	Building	Room	
Laser Manufacturer:	Laser Type(Nd:YAG, etc):		
Model Number:	Serial Number:		
Laser Class: <input type="checkbox"/> Class 3b <input type="checkbox"/> Class 4	Wavelength (nm):		
Beam Diameter (mm):	Beam Divergence (mRad):		
Type			
<input type="checkbox"/> Continuous Wave	Average Power (watts):		
<input type="checkbox"/> Pulsed	Energy (Joules/pulse):	Pulse Width (seconds):	Pulse Frequency (Hz):
Provide a description of how this laser is used: Be specific when using on animals. Add additional page if needed. You must provide the radiant exposure. If this laser moves to different locations be sure to identify. Initial laser set up must be approved and relocation of the laser requires inspection of the new location.			

Sign: _____ Date: _____

Please return form via e-mail, fax, or campus mail to:

Wendy Barrows, Laser Safety Officer
Environmental Health and Safety
5425 Woodward, Suite 300
Phone: (313) 577-9505
Email: wbarrows@wayne.edu