

LASER REGISTRATION FORM

For additional assistance, please contact:
Environmental Health & Safety, 414 J.M. Smith Hall

Primary Investigator: _____ Phone number: _____
 Building/Location: _____ Specific Area/Room: _____
 Date: _____

Manufacturer: _____ Model: _____
 Serial Number: _____ Type: _____
 Class 3B 4
 Status In Use Storage
 Tunable Yes No

Intended Use (check all that apply):	Alignment	Experimental
	Research	Instructional
	Other (specify): _____	

Mode Pulsed (single) Continuous
 Pulsed (multiple)

Continuous Wave Power (Watts): _____
 Max Pulse Energy (joules/pulse): _____
 Max Pulse Frequency (Hertz): _____
 Min Pulse Duration: _____ per usec ns psec fsec
 Beam Diameter (mm): _____
 Beam Divergence (mrad): _____
 Diameter & Divergence measured at the 1/e point 1/e² point

Comments:

Operational Wavelengths (up to five):

Laser PI Signature: _____ Date: _____