

**Restricted Laser Registration**  
(Required for all Class IIIb and IV lasers)

Upon completion of this form return to:  
Risk Management & Safety Office  
Smith House (637 Oscar Smith Ave.)

**GENERAL INFORMATION** – Please print legibly

Principal Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**LASER SYSTEM DESCRIPTION**

Location of laser (building & room): \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Serial #: \_\_\_\_\_ Class: \_\_\_\_\_  
Use of laser system:      R & D                      Analysis                      Demonstration  
   Other \_\_\_\_\_  
Status of unit:              Operable                      Inoperable

Date placed in service: \_\_\_\_\_  
Laser type (CW or pulsed): \_\_\_\_\_  
Description (He-Ne, Nd-YAG, CO<sub>2</sub>, etc): \_\_\_\_\_  
Wavelengths: \_\_\_\_\_ nm  
Maximum power or energy: \_\_\_\_\_ W or J  
Pulse duration (if applicable): \_\_\_\_\_ nsec, Frequency: \_\_\_\_\_ Hz  
Emerging beam divergence: \_\_\_\_\_ mrad  
Beam diameter: \_\_\_\_\_ mm  
Has laser been modified from the original?      YES              NO  
Description of changes made:

**SAFETY PRECAUTIONS**

Which, if any, of the following precautions have been taken to minimize potential exposure to personnel from direct beam or specular reflections?

- a. Protective housing .....
- b. Isolation or collecting optics .....
- c. Beam stop or attenuator .....
- d. Keyswitch or code access .....
- e. Access interlock .....
- f. Audible/visual warnings .....
- g. Signs w/wavelength, class, laser type, & power .....
- h. Protective eyewear available .....
- i. Viewing portal controls .....
- j. Open beam path controls .....
- k. Written alignment procedures used .....
- l. Personnel trained in operating procedures .....

Additional Comments: