



LASER REGISTRATION FORM

Instructions: All Class 3b and 4 lasers are required to be registered with Environmental Health and Safety. Complete this form for each laser to be registered and forward to:

Fax: 215-707-1600 or Environmental Health and Radiation Safety Office, PAH B-49, 602-00

Principal Investigator: _____ Phone: _____

Laser Location

Department	Building	Room Number
_____	_____	_____

Laser Manufacturer: _____

Model Number: _____

Serial Number: _____

Laser Type (HeNe, etc) _____ Wavelength(s) (nm): _____

Is the laser tunable? Yes No Wavelength region (nm): _____

Classification (3b or 4): _____ Classified by whom? (ie. PI, manufacturer, etc) _____

*Beam Divergence (mrad): _____ Beam Diameter (mm): _____
 Continuous Wave Average Power (Watts): _____

or
 Pulsed Energy (Joules per pulse): _____ Pulse Repetition Frequency: _____

or
 Q-Switched Energy (Joules per pulse): _____ Pulse Width: _____

Do you have adequate protective eyewear for this laser? Yes No

• If Yes, list wavelength(s) and Optical Density for each wavelength:

• If No, explain why eyewear is not needed:

Purpose or Use: _____

Comments: _____

Principal Investigator's Signature

Date

* mrad is the abbreviation for milliradians