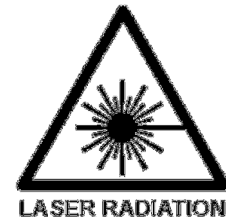




LASER REGISTRY



A. Personnel Information

Principal Laser Manager: _____

Phone: _____ Date: _____

Department: _____

B. Laser System Information

1. System location (Building/Room#): _____
2. Laser warning sign on door (Y/N): _____
Wording on sign: _____
3. Do users wear safety goggles? _____ Type/Manufacturer: _____
4. Are goggles available for visitors? _____ Type/Manufacturer: _____
5. Service for laser: in-house (Y/N): _____
Contract service company's name: _____
6. Is there a written SOP available? _____
7. Complete the table below.

	Laser 1	Laser 2	Laser 3
Manufacturer			
Model #			
Serial #			
Class (1,2,3a,3b,4)			
Type (CW, Pulsed)			
Description (ie; He-Ne, Nd: YAG)			
Wavelength(s)			
Maximum Power/Peak Power (Watts or Joules)			
Pulse Duration (repetition rate)			
Emerging Beam Divergence (mrads)			
Emerging Beam Dimensions (mm)			
Use (holography, alignment, etc.)			

C. Signature (Principal Investigator): _____

Date: _____

Return completed form to: Department Chair