

LASER SOP FORM

A. Laser Safety Contacts

Contact:	Name:	Phone:	Mobile:
Laser Supervisor:			
Primary Laser User			
EHS / LSO		336-391-3427	
Emergency	Campus Police	704-391-5911 or 911	

B. Laser / Laser System Parameters (from Laser Registration)

Laser Manufacturer	Model	Serial Number
Laser Type(CW, Pulsed,qSwitched)	Beam Diameter (mm)	Beam Divergence (mrad)
Wavelength(s): _____ um, ____ nm		Max. Beam Power/Energy: _____ mW __ mJ
Wavelength(s): _____ um, ____ nm		Max. Beam Power/Energy: _____ mW __ mJ
Wavelength(s): _____ um, ____ nm		Max. Beam Power/Energy: _____ mW __ mJ
Wavelength(s): _____ um, ____ nm		Max. Beam Power/Energy: _____ mW __ mJ
Repetition Rate (Hz):	Radiant Energy (J/pulse):	
Pulse Width:	Medium (Argon, Nd:YAG, ETC.):	
Hazard class of laser as indicated by manufacturer: 1 __ 2 __ 2a __ 3a __ 3B __ 4 __ Unknown __	Has laser been modified and hazard class changed? ____ Yes ____ No ____ Don't know	
Laser Location/Building:	Room #:	Lab Phone #:

C. Brief Description of laser use

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D. Laser Alignment / Setup Procedure (Description)

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