LASER REGISTRATION FORM			
A. (Laser Supervisor) / Department Information			
Laser Supervisor:	ID:		
Phone:	Email:		
Building:	Room:		
Department:	PI:		
B. Laser / Laser System Parameters			
Laser Manufacturer	Model Serial Number		
Laser Type(CW, Pulsed,qSwitched)	Beam Diameter (mm)	Beam Diverg (mrad)	jence
Wavelength(s): um, nm Wavelength(s): um, nm Wavelength(s): um, nm Wavelength(s): um, nm Repetition Rate (Hz): Pulse Width: Hazard class of laser as indicated by manufacturer:	Max. Beam Power/Energy: mW _ mJ Radiant Energy (J/pulse): Medium (Argon, Nd:YAG, ETC.): Has laser been modified and hazard class changed?		
1 2 2a 3a 3B 4 Unknown	Yes No Don't know Room #: Lab Phone #:		
Laser Location/Building:	ROUIII #.	Lab Ph	UHE #.
C. Laser Use Description			
LS Name:	Signature:		Date:

Note:

The primary responsibility for ensuring the safe use of the above laser / laser system resides with the Laser Supervisor and individual user(s) associated with the above laser / laser system. Signature indicates the acceptance of this responsibility and conformance to the requirements outlined in the WFU Laser Safety Program.