



ENVIRONMENTAL HEALTH & SAFETY | RADIATION SAFETY

Laser Registration Form

PI and user information

Department: _____ Bldg. and rm.: _____

PI: _____ Phone: _____

User: _____ Phone: _____

User: _____ Phone: _____

User: _____ Phone: _____

User: _____ Phone: _____

Training information *List all completed laser and laser safety training.*

Name	Course title	Date completed	Duration (hours)	Training location

Laser information

Laser type: _____ Class: _____

Manufacturer: _____ Model: _____

Serial #: _____ Power output: _____

Wavelength: _____ Unit type: Fixed Mobile

Emission duration: Continuous Pulse Beam diameter (mm): _____

Laser location: _____ Current status: Active Inactive

Application/use: _____

Equipment custodian: _____ Phone: _____

Comments: _____

PI signature: _____ **Date:** _____

(Person in charge of laser safety in the lab.)

Submit completed form to Radiation Safety, Mail Stop F484.

FOR EHS USE ONLY	Date received:	Date EHSA updated:
	Comments:	