

APPENDIX D-1 – LASER REGISTRATION FORM (LS-1)

Today's Date:	
PRINCIPAL INVESTIGATOR INFORMATION	
Name:	
Department Name:	Campus Address:
Phone Number:	E-mail Address:

LASER IDENTIFICATION		
Type (lasing medium):		
Manufacturer:		
Model:		
Serial number:		
Laser Class (check one):	<input type="checkbox"/> 3B	<input type="checkbox"/> 4
Location:		

OPERATING CHARACTERISTICS	
Pulsed	Continuous
Wavelength (nm):	Wavelength (nm):
Average Power (W):	Maximum Power (W):
Pulse Energy (J):	Beam Diameter (mm):
Pulse Duration (msec):	Beam Divergence (mrad):
PRF (Hz):	Exposure Time (sec):
Beam Diameter (mm):	
Beam Divergence (mrad):	
Exposure Time (sec):	

APPROVALS	
I hereby certify that a hazard analysis and review of safe operating procedures have been completed and reviewed by the Laser Safety Officer.	
Principal Investigator:	Date:
Laser Safety Officer:	Date:

Submit this form to: **IUEHS Laser Safety Officer** for your respective campus