LASER REGISTRATION FORM

Instructions: All Class 3b and 4 lasers are required to be registered with the Laser Safety Officer. Complete this form for each laser to be registered and forward to

Laser Safety Officer, Radiation Safety Office, 104 HS

Principal Investigator: _____ Phone: _____

Laser Manufacturer: _____

Model Number: _____

Serial Number: _____

WSU Number: _____

Laser Location: _____
Building Department Room Number

Laser Type (Nd:YAG, etc): _____

Classification (3r, 3b, 4): _____

Wavelength (nm): _____

Beam Diameter (mm): _____

Beam Divergence (mrad): _____

☐ Continuous Wave: average power (Watts): _____

or

☐ Pulsed: energy _____ Joules per pulse pulse repetition frequency (Hz) _____

or

☐ Q-switched pulse width _____ energy _____ Joules per pulse

Purpose or Use: _____

Comments:

_____ _____
Principal Investigator's Signature Date