

# UNR Laser Registration Form

**Instruction:** Complete a form for each Class 3B Laser or 4 Laser system. After completion, please return the form to: **Laser Safety Officer, EH&S, MS 328**. Contact Mr. M. Jo, Laser Safety Officer, at 44540 and email to <mjo@unr.edu> for questions regarding this form,

**1. General Information (laser system and contact person information)**

Name and signature of person completing this form	Name:	
	Signature:	Date:
Name of laser owner (PI):		
Title of laser owner (PI):		
Department:		
Location of laser (building and room number):		
Laser use duration:	From:	To:

**Laser Safety Contacts:**

Person responsible for the laser:		
Laser Safety Officer	M. Jo	784-4540/225-1812

**2. Laser information**

	Laser 1	Laser 2	Laser 3
Laser class:			
Laser type (active medium):			
Wavelength (nm):			
Max. Output (J, W):			
CW/pulsed:			
Pulsed laser	Pulse duration:		
	Repetition rate:		
Beam diameter (mm):			
Beam divergence (mrad):			
Beam Delivery (open, closed):			
Manufacturer:			
Model:			
Serial#:			
Active (inactive):			

**3. Laser user information**

Name	Office location	Laser safety training (Y/N)	phone #	e-mail address

**4. Description of activity (purpose of laser use)**

**5. Laser facility map including laser beam paths**

**6. Number of laser warning sign needed** (hint: count all entry doors plus any additional signs. The appropriate laser warning signs will be provided by the LSO)