**New York University**

**Environmental Health & Safety**

Laser Use Registration Form

Principal Investigator’s Information:

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| **Name:**  |
| **Department:**  |
| **Campus Address:**  |
| **Phone Number:**  |

Laser Identification:

|  |
| --- |
| **Manufacturer:**  |
| **Type:**  |
| **Model:**  |
| **Serial Number:**  |
| **Location:**  |

Laser Characteristics:

|  |  |  |
| --- | --- | --- |
| **Wavelength Range (Write # & check unit):** | **nm ( )** | **m ( )** |
| **Maximum Peak Power (Write # & check unit):** | **Watt ( ) mWatt ( )** |
| **Maximum Peak Energy (Write # & check unit):** | **Joule ( ) mJoule (** | **)** |
| **Minimum Pulse duration (Write # & check unit):**  |  |  |
| **Class (Check one):** | **III b (** | **)** | **IV** | **(** | **)** |

Controls:

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| **Shielding Used:**   |
| **Personal Protective Equipment:**  |
| **Warnings/Signage Used:**  |
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Additional Information and Comments:

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Registration Reviewed by: Title: Date: