**New York University**

**Environmental Health & Safety**

Laser Use Registration Form

Principal Investigator’s Information:

|  |
| --- |
| **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:

|  |
| --- |
| **Shielding Used:** |
| **Personal Protective Equipment:** |
| **Warnings/Signage Used:** |
|  |
|  |

Additional Information and Comments:

|  |
| --- |
|  |
|  |
|  |

Registration Reviewed by: Title: Date: