

**UAB LASER REGISTRATION FORM
FOR
CLASS 3b AND 4 LASERS**

I. Principal Investigator _____ Date _____
 Department _____ Phone _____
 Division _____

II. Personnel Using Laser System(s)

Name Social Security Number Staff Or Student

Name	Social Security Number	Staff Or Student

III. Laser System Information _____

Location (Building/Room Number) _____

Lighted Laser Warning Sign on Door? _____

Tested Monthly? _____

Wording on Sign _____

Safety Goggles Provided for Personnel? _____

Safety Goggles Available for Visitors? _____

Optical Range of Use for Filters? _____

Manufacturer/Model _____

Describe How Lasers are Maintained and/or Serviced:

Give Names of Any Service Companies to Be Used _____

Written SOP Available For Operators and Other Personnel? _____

Attach Completed Laser Information Form for Each Laser. Number of Attachments _____

Complete and Return to the UAB Radiation Safety Officer, Suite 445, CHSB-19 (933 19th Street South).

Wavelengths Above 710 nm (IR Lasers):

Terminated and Enclosed with Fire Resistant Materials? _____

LASER SYSTEM IDENTIFICATION

Manufacturer _____

Model Number _____

Class (3b, 4) _____

Type (CW, Pulsed) _____

For CW Lasers, Output Power _____

For Pulsed Lasers, Energy Output Per Pulse _____

Description (i.e., He-Ne: Yag) _____

Wavelength(s) _____

Pulse Duration (repetition rate) _____

Emerging Beam Diameter (mm) _____

Beam Divergence (Radians) _____

Use (alignment, holography, etc.) _____

Complete One for Each Laser System and Attach to the Laser Registry Form.