

LASER REGISTRY-UMD

(Scan and email completed form or return through campus mail)

PI Information

Principal Investigator _____ Date _____

Laser System Information [Please enter all pertinent or NA for Not Applicable]

***System Location (Building/Room)** _____

Laser Information	Laser 1	Laser 2	Laser 3
Description (i.e. Nd:YAG, Ruby)			
Wavelength(s) λ [nm]			
Manufacturer			
Model # / Serial #			
Class as Labeled by Manufacturer [1,1M,2,2M,3A,3B,3R,4]			
Continuous Wave [CW] or Pulsed [P]			
If CW then Max Power [W]			
If Pulsed then Energy per Pulse [J]			
Actual Operational [W] or [J]			
Emerging Beam Diameter [mm]			
Pulse Duration μ sec, ms, fs ...			
Pulse Repetition Frequency (Hz)			
Eyewear Optical Density			

July 2023 revision 2

Laser Safety Information [please check off the box that applies]

Do you currently have a Lighted Laser Sign: Yes No Is sign interlocked? Yes No

Are SOPs written and available for inspection on the laser system(s)? Yes No

Authorized Users

Name	Status (Grad Student, Postdoc, PI etc.)	Laser Safety Training
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Under Laser Safety Training, Check yes if individual has a certificate of training completion from UMD -

Please return this form to Laser Safety, ESSR* [You may scan completed form and email]

Email: lasersafety@umd.edu
 Interoffice Mail: Laser Safety 0103 Seneca Building
 Phone: For assistance: Steve Hand 240-398-6850