

## LASER REGISTRY-UMD

(Scan and email completed form or return through campus mail, or complete online, save, and email as attachment)

### PI Information

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

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

Laser Information	Laser 1	Laser 2	Laser 3
System Location (Building/Room)			
Description (i.e. Nd:YAG, Ruby)			
Wavelength(s) $\lambda$ [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 $\mu$ sec, ms, fs ...			
Pulse Repetition Frequency (Hz)			
Eyewear Optical Density			

February 2020 revision 1

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

Do you currently have an electronically lit Laser Sign:  Yes  No If yes, is sign interlocked?  Yes  No

Are SOPs written for the laser systems?  Yes  No

## Authorized Users

Name	Status (Grad Student, Postdoc, PI etc.)	UMD Laser Safety Training	Other Laser Safety Training	Other Laser Safety Training: When/Where
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Under UMD 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](mailto:lasersafety@umd.edu)  
 \*Interoffice Mail: Laser Safety 0103 Seneca Building  
 Phone: 240-398-6850 or 202-525-0861