



LASER REGISTRY

PI Information

Principal Investigator _____ Date _____
 Department/College _____
 Email _____ Phone _____

Laser System Information

System Location (Building/Room) _____

Laser Information	Laser 1	Laser 2	Laser 3
Manufacturer			
Model #			
Class (1/1M, 2/2 M, 3A/3R, 3B, 4)			
Type (CW, Pulsed)			
Description (i.e. Nd:YAG, Ti:Sapphire)			
Wavelength(s)			
Maximum Power/Peak Power (W or J)			
Operational Power (W or J)			
Pulse Duration (fs, ns, μ s, etc.)			
Pulse Repetition Frequency (Hz)			
Emerging Beam Diameter (mm)			
Eyewear Optical Density			
Use (Spectroscopy, Microscopy, etc.)			

Laser Safety Information

Lighted Laser Sign: Yes No

If yes, is sign interlocked? Yes No

Are SOPs available for laser system(s)? Yes No

Authorized Users

Name	Status (Grad Student, Postdoc, etc.)	Laser Safety Training
		<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

Please return this form to Karen Kelley:

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Interoffice Mail: 0103 Seneca Building

Phone: 301-405-8755