



## 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, $\mu$ 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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