LASER REGISTRATION FORM

A. Laser Supervisor / Department Information

Laser Supervisor:	ID/800#:
Phone:	Email:
Building:	Room:
College:	Department:

B. Laser Safety Contacts

Contact:	Name:	Email:	Phone:
Laser Safety Contact			
Laser Safety Officer	Brian Stewart	dstew34@uncc.edu	704-687-1111
Emergency	Campus Police		704-687-2200 or 911

C. Laser / Laser System Parameters

Laser Manufacturer	Model	Serial Number

Laser Type (CW, Single or Continuous Pulsed)	Beam Diameter (mm)	Beam Divergence (mrad)

Wavelength(s):_____ ___ um, ___ nm   Max. Beam Power/Energy: _____ __ mW __ mJ
Wavelength(s):_____ ___ um, ___ nm   Max. Beam Power/Energy: _____ __ mW __ mJ
Wavelength(s):_____ ___ um, ___ nm   Max. Beam Power/Energy: _____ __ mW __ mJ
Wavelength(s):_____ ___ um, ___ nm   Max. Beam Power/Energy: _____ __ mW __ mJ

Repetition Rate (Hz):	Radiant Energy (J/pulse):	
Pulse Width(s):	Medium (Argon, Nd:YAG, ETC.):	
Hazard class of laser as indicated by manufacturer: 1__ 2 __ 2a __ 3a __ 3B __ 4 __ Unknown __	Has laser been modified and hazard class changed? ___ Yes ___ No ___ Don't know	
Laser Location/Building:	Room #:	Lab Phone #:

D. Laser Use Description

E. Laser Alignment / Setup Procedure SOP (Description)

Laser Specific Training:

The primary responsibility for ensuring the safe use of the above laser / laser system resides with the Laser Supervisor and individual user(s) associated with the above laser / laser system. Signature indicates the acceptance of this responsibility and conformance to the requirements outlined in the UNC Charlotte Laser Safety Program.

It is the responsibility of the laser supervisor to provide laser specific training and review the UNC Charlotte laser safety manual with laser users prior to operation of any Class 3B or Class 4 laser systems. Please complete this training log and keep a copy with the UNC Charlotte laser safety manual. These documents must be readily available during inspections.

Laser Supervisor Name:	Laser Supervisor Signature:	Date:

Laser User Name:	Laser User Signature:	Date: