

LASER REGISTRATION FORM

Facility Description

Building _____ Room _____

Type of Facility: Laboratory Shop Other _____

Primary Investigator

Name _____ Department _____

Position/Title _____ Phone _____ Box _____

Laser or Laser Product Description

Classification: Class IIIb Class IV Unknown Other _____

Manufacturer and Model # (if available) _____

Rated output power or pulse energy _____ *circle one* (mW W mJ J)

Nominal wavelength _____ *circle one* (microns angstroms nm)

UW Property Tag # _____

Date Recorded _____

Surveyed by _____
