



UNIVERSITY OF CALIFORNIA, SAN DIEGO
ENVIRONMENT, HEALTH AND SAFETY, 0035
PHONE (858) 822-2850
FAX (858) 822-5524

LASER EQUIPMENT REGISTRATION

Manufacturer: _____ Model: _____
Serial number: _____ Type of laser: _____
(i.e.: Argon, HeNe)
Wavelength: _____ nm LASER classification: 3b / 4
Beam diameter at aperture: _____ mm Beam divergence: _____ mrad
 Pulsed Continuous wave
Pulse duration: _____ Sec Maximum power: _____ W
Pulse-repetition frequency: _____ Hz Avg. operating power: _____ W
Maximum energy: _____ J
Avg. operating energy: _____ J

Laser Status: Active / Inactive / Broken / Other: _____
 Shared Between: _____
Name of PI
 On Loan From: _____
Department / University

Location (Building and Room Number): _____

Principal Investigator: _____

Phone: _____

Mail Code: _____

Email Address: _____

Department: _____

I hereby certify that all information in this statement is true and correct.

Submitted by: _____ / _____ / _____
PI Signature Date

Please send to the Laser Safety Officer at mail code 0035 or fax to 858-822-5524.