

UTSI LASER REGISTRY

I. Principal Investigator _____

Phone _____ Date _____

Department _____ School _____

II. Personnel who use laser system

Name	UT ID#	Status (student or staff)

II. Laser System Information

1. System location (Building/Room#) _____
2. Status of unit: ___ Operable ___ Inoperable ___ Stored
3. Laser warning sign on door (Y/N) _____
Wording on sign _____
4. Do users wear safety goggles? _____ Type/Manufacturer _____
5. Service for laser: in-house (Y/N) _____
Contract service company's name _____
6. Is there a written SOP available? _____
7. Complete the table below.

	Laser	Power supply
Manufacturer		
Model #		
Serial #		
UTSI tag #		
Class (1,2,3a,3b,4)		
Type (CW, Pulsed)		
Description (ie; He-Ne, Nd: YAG)		
Wavelength(s)		
Maximum Power/Peak Power (Watts or Joules)		
Pulse Duration and Repetition rate		
Emerging Beam Divergence (mrad)		
Emerging Beam Dimensions (mm)		
Use (holography, etc.)		
Has laser been modified from the original? ____ Yes ____ No Description of changes made		