

University of California Santa Cruz
Office of Environmental Health & Safety

Laser Relocation Form

Please complete entire form and e-mail to lasersafety@ucsc.edu

Contact Information

Principal Investigator _____ Phone _____
E-mail _____
Title _____ Department _____
Building where laser is currently located _____
Room # _____

Laser Identification Information

Laser Manufacturer _____
Model Number _____
Serial Number _____
Laser Type (Nd: YAG, Argon, etc.) _____
Classification Embedded Class 1 with a class 3B or 4 inside _____
3B _____ Class 4 _____

The laser/laser system identified above is being relocated to:

Building _____ Room _____

If laser is moving to another department or leaving UCSC completely, please explain below:

Principle Investigator Signature _____

Date _____
