

University of California Santa Cruz
Office of Environmental Health & Safety

Laser Registration Form

Please complete (1) form for each laser and email to lasersafety@ucsc.edu.

Contact Information

Principal Investigator _____ Phone _____

Email _____

Title _____ Department _____

Building where laser is located _____ Room # _____

Please list all laser users/operators:

_____	_____
_____	_____
_____	_____

Laser Identification Information

Laser Manufacturer _____

Model Number _____

Serial Number _____

Laser Type (Nd: YAG, Argon, etc.) _____

Classification: Embedded class 1 with a class 3B or class 4 inside _____

Class 3B _____ Class 4 _____

Spatial Orientation: (Gaussian, top hat, rectangular, etc.) _____

Optical Characteristics (1/e²)

Wavelength/s (nm) _____ Maximum Output (watts or joules) _____

Beam diameter (nm) _____ beam divergence(mrad) _____

Type (CW, Single Pulsed or Repetitively Pulsed) _____

Frequency (Hz) _____ Pulse Duration (s) _____

General Information

- Have all operator/users received training? Yes _____ No _____
- Has the training been documented? Yes _____ No _____
- Have Standard Operating Procedures (SOPs) and Alignment SOPs been established for the use of the laser? Yes _____ No _____

Laser Safety Checklist

- A. Do all doors have an illuminated sign? Yes _____ No _____
- B. Is there an ANSI Warning sign on the door with OD, wavelength, laser type, and power listed? Yes _____ No _____
- C. Are lasers labeled with the class and laser parameters? Yes _____ No _____
- D. Is access to the room controlled? Yes _____ No _____
- E. Are barriers, curtains, or beam blocks in place? Yes _____ No _____
- F. Are all windows and door glass covered? Yes _____ No _____
- G. Is there an entry way laser curtain? Yes _____ No _____
- H. Are system interlocks used? Yes _____ No _____
- I. Is proper eye protection available near the door and unscratched? Yes _____ No _____

J. Are reflective surfaces and flammables in the room controlled?

Yes _____ No _____

K. Are elements in the beam path secured?

Yes _____ No _____

L. Is seismic bracing used with the optical table?

Yes _____ No _____

M. Are there any non-beam hazards in the lab?

Yes _____ No _____

N. Additional comments or concerns: _____

Principal Investigator Signature: _____

Date: _____