

APPENDIX B - Laser Device Registration Form
(required for class 3b and 4 lasers)

Principal Investigator: _____ Phone Number: _____

Department: _____ Building and Room Number: _____

Laser Supervisor: _____ Phone Number: _____

Manufacturer: _____ Model: _____ Serial Number: _____

Type of Laser (i.e.: Argon, HeNe): _____ Wavelength (nm): _____

Laser Classification: Class 1 Class 1M Class 2 Class 2M Class 3R (3a) Class 3b Class 4

Beam diameter at aperture: _____ Beam divergence (in mrad): _____

Pulse or Continuous Wave:

<input type="checkbox"/> Pulse	<input type="checkbox"/> Continuous Wave
Pulse Duration (ns):	Maximum power (watts):
Pulse-repetition frequency (pulses per second):	Avg. operating power (watts):
Maximum energy (J/cm ²):	
Avg. operating energy (J):	

Fiber Optic: Single Mode or Multi-mode: _____ Mode field: _____

Laser Application:

Please upload the completed document into BioRAFT under the Documents Tab.