

LASER USE REGISTRATION (LUR) FORM

Please complete a form for each Class 2, 2M, 3R, 3B, 4 laser and submit to:

Laser Safety Officer

Radiation Safety Office CSAB 330

Email: dwiik@southalabama.edu

Date: _____

Name of Principal Investigator: _____ Department: _____

Phone Number: _____ Email: _____

Name of Laboratory Contact: _____

Phone Number: _____ Email: _____

Names of Laser Users: _____

Location of Laser (building and room): _____ Date of Manufacture: _____

Make/Model of Laser: _____ Laser Serial Number: _____

Type of Lasing Medium / Laser Type: _____

Is Your Laser Embedded (circle one): YES or NO (if YES, then STOP here)

Laser Information

Laser Classification Marked on Laser (circle one): 2 2M 3R 3B 4 None

Continuous Wave

Wavelength(s): _____ (nm)

Pulsed Wave

Wavelength(s): _____ (nm)

Max. Op. Power: _____ (W)

(W) Pulse Duration: _____ (sec)

Avg. Op. Power: _____ (W)

(W) Pulse Frequency: _____ (Hz)

Max Op. Energy: _____ (J)

Avg. Op. Power: _____ (J)

Beam Diameter at aperture: _____ (mm) Beam Divergence: _____ (mrad)

Laser Use (describe briefly):

Check all items that apply:

____ Use of Cryogenics

____ Use of Pumping Laser

____ Use of Compressed Gases

____ Beam Focusing Optics

____ High Voltage Power Supplies

____ UCB Fabricated Laser

____ High Voltage >30 kVp

____ UCB Modified Laser

____ Dye Laser

____ Freq. Doubling Crystal

____ Exposed Beam Paths

____ Tunable Laser

____ High Noise Levels

____ Invisible Beam

____ Laser Cutting/Welding

Changes, questions, comments and/or details:

Questions? Please call the Radiation & Laser Safety Officer at (251) 460-7063.