

**UAB LASER REGISTRATION FORM  
FOR  
CLASS 3b AND 4 LASERS**

I. Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_  
 Department \_\_\_\_\_ Phone \_\_\_\_\_  
 Division \_\_\_\_\_

II. Personnel Using Laser System(s)

Name                                      Blazer ID                                      Staff Or Student

Name	Blazer ID	Staff Or Student

III. Laser System Information \_\_\_\_\_

Location (Building/Room Number) \_\_\_\_\_

Lighted Laser Warning Sign on Door? \_\_\_\_\_

Tested Monthly? \_\_\_\_\_

Wording on Sign \_\_\_\_\_

Safety Goggles Provided for Personnel? \_\_\_\_\_

Safety Goggles Available for Visitors? \_\_\_\_\_

Optical Range of Use for Filters? \_\_\_\_\_

Manufacturer/Model \_\_\_\_\_

Describe How Lasers are Maintained and/or Serviced:

Give Names of Any Service Companies to Be Used \_\_\_\_\_

Written SOP Available For Operators and Other Personnel? \_\_\_\_\_

Attach Completed Laser Information Form for Each Laser. Number of Attachments \_\_\_\_\_

Complete and Return to the UAB Radiation Safety Officer, Suite 445, CHSB-19 (933 19<sup>th</sup> Street South).

Wavelengths Above 710 nm (IR Lasers):

Terminated and Enclosed with Fire Resistant Materials? \_\_\_\_\_

## LASER SYSTEM IDENTIFICATION

Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_

Class (3b, 4) \_\_\_\_\_

Type (CW, Pulsed) \_\_\_\_\_

For CW Lasers, Output Power \_\_\_\_\_

For Pulsed Lasers, Energy Output Per Pulse \_\_\_\_\_

Description (i.e., He-Ne: Yag) \_\_\_\_\_

Wavelength(s) \_\_\_\_\_

Pulse Duration (repetition rate) \_\_\_\_\_

Emerging Beam Diameter (mm) \_\_\_\_\_

Beam Divergence (Radians) \_\_\_\_\_

Use (alignment, holography, etc.) \_\_\_\_\_

Complete One for Each Laser System and Attach to the Laser Registry Form.