**Illinois State University**

**LASER REGISTRATION FORM**

I. Principal Operator/Investigator:

Phone: ULID/Email:

Department: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Authorized User Information:

|  |  |  |
| --- | --- | --- |
| Name | ULID | Status  (faculty/staff/student) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

III. Laser System Information:

1. System location (Building and Room Number):

2. Laser warning sign on door? Yes / No

3. Do users wear safety goggles? Yes / No

4. Are safety goggles available for visitors? Yes / No

5. Is there a written SOP/operation manual available? Yes / No

6. Please complete the table below:

|  |  |
| --- | --- |
|  | **Laser Description** |
| Manufacturer |  |
| Model # |  |
| Serial # |  |
| Class (1, 2, 3a, 3b, or 4) |  |
| Type (CW or Pulsed) |  |
| Lasing Medium (He-Ne, Nd:YAG, etc.) |  |
| Wavelength(s) |  |
| Average Output Power (W) |  |
| Peak Power (W) or Peak Pulse Energy (J) |  |
| Pulse Duration (s) |  |
| Repetition Rate (Hz) |  |
| Emerging Beam Divergence (mrads) |  |
| Emerging Beam Dimensions (mm x mm) |  |
| Primary Function (holography, alignment, etc.) |  |