**LASER REGISTRATION FORM**

*All Class 3B and Class IV lasers are required to be registered with the SMU Office of Risk Management EHS Department. Please complete this form and return via email to* [*bchance@smu.edu*](mailto:bchance@smu.edu)*.*

1. **Registration Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator: | | | |
| Office Phone Number: | Email Address: | | |
| Laser Operators: | | | |
| Laser Manufacturer: | | | |
| Model Number: | | Serial Number: | |
| Department: | | Building: | Room: |

1. **Laser Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Laser Classification: | | Class 3B | | Class IV |
| Active Medium (i.e. Argon, Nd:Yag, Dye): | | | | |
| Tunable? Yes | | | No | |
| Wavelengths (nm): | | | | |
| Beam Divergence (milirads): | | | | |
| Beam Diameter (millimeters): | | | | |
| Beam Type: | Continuous Wave | Average Power: | | |
|  | Pulsed | Joules per Pulse: | | Pulse Repetition Frequency (Hz): |
|  | Q-switched | Pulse Width: | | Joules per Pulse: |
|  | Other | | | |
| Purpose and Frequency of Use: | | | | |
| Other Comments: | | | | |

1. **Protective Eyewear Currently Available**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pair A | Pair B | Pair C |
| Eyewear Manufacturer: |  |  |  |
| Model: |  |  |  |
| Optical Density (i.e. OD>5+ from 730-855nm): |  |  |  |
| Visible Light Transmission: |  |  |  |
| Number of Pairs in Lab |  |  |  |