

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: _____ 1 Tf (9(. <</M8)-12.3 (____)-12.3 (____ 8]TJ EMC 436.0072.7E.a)-12.72.7E.a)-12.72.7E.aDa

_____ Laser Serial Number: _____

Continuous Wave

Wavelength(s): _____ (nm)

Max. Op. Power: _____ (W)

Avg. Op. Power: _____ (W)

Max Op. Energy: _____ (J)

Pulsed Wave

Wavelength(s): _____ (nm)

(W) Pulse Duration: _____ (sec)

(W) Pulse Frequency: _____ (Hz)

Avg. Op. Power: _____ (J)

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

Laser Use (describe briefly):

Check all items that apply:

____ Use of Cryogenes

____ Use of Compressed Gases

____ High Voltage Power Supplies

____ High Voltage >30 kVp

____ Dye Laser

____ Exposed Beam Paths

____ High Noise Levels

____ Laser Cutting/Welding

____ Use of Pumping Laser

Changes, questions, comments and/or details: