New Laser Use and Registration

1. General Information (laser system and contact information)

Date: _____

Name of PI: _____

Location of Laser: _____

Person Responsible for Laser: _____

Laser Users including Office Location, Training Date, and Contact Number

Name	Office Location	Date of Laser Safety Training	Telephone Number

Laser specifications	
Laser type:	
Laser class:	
Manufacturer:	
Model:	
Serial #:	
Max Power (J,W):	
Wavelength(nm):	
CW/pulsed:	
Pulse duration(s):	
Pulse repetitionrate (Hz):	
Beam diameter(mm):	
Beam divergence(mrad):	

- Diagram of laser location in laboratory (please include doors, windows, exclusion zones and barriers if applicable)

2. Description of activity (quick review of purpose of laser use)

    a. Description of activity and equipment (Use separate sheet if necessary):

    b. Projected duration: _____

3. Hazard identification (hazards associated with laser equipment and its use)

☐ Yes	☐ No	Laser Beam hazard
☐ Yes	☐ No	Toxic Gases
☐ Yes	☐ No	Toxic Chemicals
☐ Yes	☐ No	Electrical
☐ Yes	☐ No	Other: _____

4. Hazard mitigation (detail steps to mitigate identified hazards with the activity)

5. Step-by-step procedure for operation of the laser and beam alignment procedure (Including SOP with submission is acceptable as well)

6. Emergency Shut Down procedures (please include all applicable locations of emergency power shut-off, emergency equipment, gas shut-off, fire, etc.)

7. Hazardous material handling (list of hazardous material involved, quantity, handling procedure, labels, SDS)

8. Hazardous waste disposal procedure:

9. Engineering and Administrative Controls (door signs and notifications, laser interlock equipment, safety systems, protective barriers, etc.)

10. Personal Protective Equipment:

11. Ventilation in Area of use: