



Laser Registration Form

Rochester Institute of Technology
Environmental Health and Safety Department

Responsible Person			
First Name:	Last Name:	Date:	_ / _ / _.
Email Address:	College:		
Office Extension:	Department:		

Location of Laser			Unique Identifier
Building Name & Number	Room Number	Use or Storage	

Laser Information			
Manufacturer	Model Number	Serial Number	Laser Type
Classification	Optical Wavelength (nm)	Beam Diameter (nm)	Beam Divergence (nm)

<input type="checkbox"/> Continuous Wave	<input type="checkbox"/> Pulsed			<input type="checkbox"/> Q-Switched		
Average Power (Watts)	Energy	Joules per Pulse	Pulse Repetition Frequency (Hz)	Pulse Width	Energy	Joules per Pulse

If this is a transfer of responsibility or location, please indicate the previous owner or location below.

Transfer of:	
<input type="checkbox"/> Responsibility	<input type="checkbox"/> Location
First Name:	Building – Room Number:
Last Name:	College:
Office Extension:	Department:

Purpose or Use:

Comments:

I understand that all new lasers and laser transfers must be registered with the Environmental Health and Safety Department.

Responsible Person's Signature: X Date: / / .