

Laser Registration Form

Please complete this form for each Class 3B and 4 laser or laser system and submit to the campus Laser Safety Officer at alexi.ball-jones@sjsu.edu.

Date: _____

User Information:

Name of Principal Investigator:	Department of Principal Investigator:
Phone number:	Email:
Name(s) of Laser Users:	Location of laser (building and room):

Laser Information:

Make/Model of laser:	Laser serial number:
Type of lasing medium:	Laser classification marked on laser (choose one): <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> None listed
Beam diameter at aperture: (mm)	Beam divergence: (mrad)

CW lasers:

Wavelength(s):	(nm)
Max operating power:	(W)
Average operating power:	(W)

Pulsed lasers:

Wavelength(s):	(nm)
Pulse duration:	(sec)
Pulse Frequency:	(Hz)
Max operating energy:	(J)
Average operating energy:	(J)

Laser Use (describe briefly, next page):

- | | |
|--|---|
| <input type="checkbox"/> Use of cryogenics | <input type="checkbox"/> Use of pumping laser |
| <input type="checkbox"/> Use of compressed gases | <input type="checkbox"/> Beam focusing optics |
| <input type="checkbox"/> High voltage power supplies | <input type="checkbox"/> SJSU fabricated laser |
| <input type="checkbox"/> Dye laser | <input type="checkbox"/> SJSU modified laser |
| <input type="checkbox"/> Exposed beam paths | <input type="checkbox"/> Freq. doubling crystal |
| <input type="checkbox"/> High noise levels | <input type="checkbox"/> Tunable laser |
| <input type="checkbox"/> Laser cutting/welding | <input type="checkbox"/> Invisible beam |

Comments/details on laser or laser system (include information on the pumping laser here or on a separate form, if applicable):