



LASER REGISTRATION FORM

Principal Investigator:	Phone:
Co- Principal Investigator:	Phone:
Departmental Laser Safety Officer:	Phone:

Laser Manufacturer:	
Model Number:	Serial Number:
FIU ID Number:	

Laser Location:	
Building Name /No.:	Room No.:
Department:	

Laser Characteristics	
Laser Name and Type (e.g., Nd:YAG):	
Classification:	Wavelength (nm):
Beam Diameter (mm):	Beam Divergence (mrad):

Mode		
Continuous Wave	Avg. Power (watts):	
Pulsed	Joules/pulse:	Repetition Freq:
Q-Switched	Pulse Width:	Joules/Pulse:

GENERAL	Yes	No
Have all users received training?		
Has the training been documented?		
Have laboratory Standard Operating Procedures (for operation, maintenance and beam alignment) and safety guidelines been developed for use of lasers?		
Are American National Standards Institute guidelines (ANSI Z136.1 2000) and Florida Administrative Code, Chapter 64E.4 being followed for the safe use of lasers?		
Has a baseline eye test been performed and recorded for all users?		
Has laboratory been inspected and approved by the University Laser Safety Officer? If yes, date of inspection:		
Purpose of use:		
Comments:		
Signature:	Date:	
(Principal Investigator)		

Please maintain Standard Operating procedures.

Please provide a list of all qualified laser users to the Radiation and Laser Safety Officer at EH&S Office: CSC 162; Phone: (305) 348 0489; Fax: (305) 348-3574; e-mail: duas@fiu.edu