



Laser Registration Form Class 3B or 4 Lasers

A. Principal Investigator / Department Information

Name: _____ Name.number: _____
Phone: _____ Email: _____
Office Location Building: _____ Room Number: _____
College: _____ Department: _____
Contact Name: _____
Phone: _____ Email: _____

B. Registration Information

New Laser / Laser System

Alteration or Relocation of Laser / Laser System

C. Laser / Laser System Location

Building: _____ Room Number: _____

D. Laser / Laser System Parameters

Laser Type (Nd:YAG, HeNe, etc): _____

Manufacturer: _____

Model: _____

Serial Number: _____

Laser Class Class 3B Class 4

Laser Embedded Yes No If Yes, System Classification: _____

Operational Wavelength (nm): _____ Tunable Yes No

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

Continuous Wave Max Radiant Power (W): _____ Use of Fiber Optics Yes No

Repetitive Pulse Radiant Energy (Joules/Pulse): _____ Repetition Frequency (Hz): _____

Single Shot Laser Glasses (OD): _____ Pulse Width (ns): _____

Briefly describe laser / laser system purpose of use:

PI Signature:

Date:

Return completed form to: radiation.safety@osu.edu

The primary responsibility for ensuring the safe use of the above laser / laser system resides with the Principal Investigator and Individual User(s) associated with the above laser / laser system. Signature indicates the acceptance of this responsibility and conformance to the requirements outlined in The Ohio State University Laser Safety Program.