



Laser Registration Form Class 3B or 4 Lasers

A. Principal Investigator / Department Information

Name: _____ Kerberos ID: _____
 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	System Classification: _____
Operational Wavelength (nm):	_____	Tunable	Yes No
Beam Diameter (mm):	_____	Beam Divergence (mrad):	_____
Continuous Wave	Max Radiant Power (W):	_____	
Pulsed	Radiant Energy (Joules/Pulse):	_____	Repetition Frequency (Hz): _____
Q-Switched	Radiant Energy (Joules/Pulse):	_____	Pulse Width (ns): _____

Briefly describe laser / laser system purpose of use:

PI Signature: _____

Date: _____

Please return the 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.