



**UNIVERSITY  
AT ALBANY**

State University of New York

Office of Environmental Health & Safety  
Chemistry Building, Room B-73  
Tel. (518) 442-3495  
Fax (518) 442-3783

**Laser Registration Form**

Principal Investigator \_\_\_\_\_

Department \_\_\_\_\_ Lab/Room \_\_\_\_\_ Phone \_\_\_\_\_

**Personnel using Laser System:**

Name	Staff	Student	
		Undergrad.	Graduate

**Laser System Information:**

1. System Location (building/Room#) \_\_\_\_\_
2. Laser warning sign on door? Yes / No  
Wording on Sign \_\_\_\_\_
3. Are safety glasses/goggles available for users? Yes / No  
Type/Manufacturer \_\_\_\_\_
4. Are safety glasses/goggles available for visitors? Yes / No  
Type/Manufacturer \_\_\_\_\_
5. Service for Laser: In-House \_\_\_\_\_ or Contractor \_\_\_\_\_
6. Is there a written Safe Operating Procedure available? Yes / No (include a copy if Yes)



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**Complete the table below:**

	Laser 1	Laser 2
Manufacturer		
Model #		
Serial #		
Class (1,2,3a,3b,4)		
Type (CW,Pulsed)		
Description (i.e. HeNe, ND:Yag, HeCd)		
Wavelength(s)		
Maximum Power (Watts or Joules)		
Pulse Duration (repetition rate)		
Emerging Beam Dimensions (mm)		

**Please include a brief description of each Laser's intended use. Attach additional sheets if necessary.**

**Principal Investigator's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return completed form to: Office of Environmental Health and Safety, Chemistry B-73**