

## Laser Registration

**Instructions:** This form must be completed for each Class 3B or 4 laser or any lower class system containing an embedded Class 3B or 4 laser. Please submit the form via Campus Mail to the LSO at mail code 0425 or via scan and e-mail to [laser@ehs.gatech.edu](mailto:laser@ehs.gatech.edu).

| For ORS Use Only           |  |
|----------------------------|--|
| ORS #:                     |  |
| Entered Into Inventory by: | Registration Sent to State: <input type="checkbox"/> |
| Date:                      | Date:  |

|  |  |  |  |
|--|--|--|--|
| <b>1. Laser Supervisor Information:</b>  |  |  |  |
| Last Name:   |  | First Name:  |  |
| Department:  |  | E-mail:  |  |
| <b>2. Laser Location:</b>  |  |  |  |
| Building:  |  | Room:  |  |
| <b>3. Type of Use:</b>   |  |  |  |
| <input type="checkbox"/> Alignment   | <input type="checkbox"/> Experimental  | <input type="checkbox"/> Research  |  |
| <input type="checkbox"/> Demonstration   | <input type="checkbox"/> Instructional | <input type="checkbox"/> Other   |  |
| <b>4. Brief Description of Use (including how often used):</b>   |  |  |  |
|  |  |  |  |
| <b>5. Specifications of Laser System:</b>  |  |  |  |
| Laser Status: <input type="checkbox"/> In Use <input type="checkbox"/> In Storage  |  | Manufacture Date:  |  |
| Manufacturer:  |  | Model:   |  |
| S/N:   | GT Inventory #:                        | Active Medium:   |  |
| Class: <input type="checkbox"/> 3B <input type="checkbox"/> 4  |  | Embedded in lower class system? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Tunable Laser? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Scanning <input type="checkbox"/> Nonscanning                   |  |
| Beam Diameter (mm):  |  | Beam Divergence (mradian):   |  |
| Beam diameter & divergence measured at the <input type="checkbox"/> 1/e <input type="checkbox"/> 1/e <sup>2</sup> point. |  |  |  |
| <input type="checkbox"/> Continuous Wave (CW)  |  | Pulsed: ( <input type="checkbox"/> Single <input type="checkbox"/> Multiple)             |  |
| Wavelength(s) (nm):  |  | Wavelength(s) (nm):  |  |
| Maximum Operating Power:   |  | Minimum Pulse Duration:  |  |
| Typical Operating Power:   |  | Maximum Pulse Frequency:   |  |
|  |  | Maximum Joules/Pulse:  |  |
|  |  | Typical Joules/Pulse:  |  |

I certify that the information contained in this form is true and correct to the best of my knowledge and belief.

Laser Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_