

**Registration of  
 Class 3b and/or Class 4 Lasers**

Please complete the following information and forward to the Laser Safety Officer at the address listed above.

Principal Investigator (Faculty Member)	Department	Phone
	E-mail	Fax

**Location**

Building	Room #	Phone
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**Equipment Information**

Manufacturer	Model	Serial #		
Type	Wavelength(s)	Class	Output ( W or J)	Pulse Time

This laser is:  In use     Assembled, but not in use     Stored (disassembled)

Brief description of use:

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Approved users (List all persons using this laser under your supervision.) \*

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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* All users must have appropriate training and medical surveillance as described in the Laser section of the Health and Safety Manual.

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

\_\_\_\_\_  
**Date**