

Brown University Laser Registry

I. Principal Investigator _____
 Phone _____
 Department _____

II. Personnel who use laser system

Name	Status (student or staff)

III. Laser System Information

1. System location (Building / Room #) _____
2. Laser warning sign on door (Y / N) _____
 Wording on sign _____
3. Do users wear safety goggles? _____
 Type / Manufacturer _____
4. Are goggles available for visitors? _____
 Type / Manufacturer _____
5. Service for laser: in-house (Y / N) _____
6. Is there a written SOP available? _____
7. Complete the table below.

	Laser 1	Laser 2	Laser 3
Manufacturer			
Model #			
Serial #			
Class (1,2,3a,3b,4)			
Type (CW, Pulsed)			
Description (He-Ne, Nd:YAG, etc.)			
Wavelength(s)			
Peak Power (W) or Peak Energy (J)			
Pulse Duration (s)			
Repetition Rate (Hz)			
Emerging Beam Divergence (mrads)			
Emerging Beam Dimensions (mm)			
Use (holography, alignment, etc.)			

Return completed form to: Box 1914 – Radiation Safety – Environmental Health & Safety