

# LASER Registration Form

Register all Class 3B and 4 lasers with the Laser Safety Officer. Complete this form for each laser to be registered and forward to:

**LOY-PS-203 - Attn: Gurnam Manku (ext. 4356) or [Gurnam.manku@concordia.ca](mailto:Gurnam.manku@concordia.ca)**

**Part 1: Contact**

Supervisor \_\_\_\_\_ Emerg Tel# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Faculty \_\_\_\_\_ Dept \_\_\_\_\_  
 Bldg/Room \_\_\_\_\_ Lab Ext. \_\_\_\_\_

**Part 2: Laser**

Laser Type \_\_\_\_\_ (e.g. HeNe; Nd:YAG; etc.)  
 Manufacturer \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Wavelength \_\_\_\_\_  
 Laser Class \_\_\_\_\_  
 Emission Type and Power (continuous or pulsed – please specify units)  
 Continuous Power \_\_\_\_\_  
 Pulse Energy \_\_\_\_\_  
 Pulse Duration \_\_\_\_\_  
 Pulse Repetition Frequency \_\_\_\_\_  
 Pulse Peak Power \_\_\_\_\_

**Part 3: Safety**

*All intended users of the laser must have appropriate training before commencing work.*

Purpose or Use \_\_\_\_\_

*Please circle one.*

Collimating/Collecting optics used?	Yes	No	
Direct viewing through lenses?	Yes	No	
Potential Interaction materials involved?	Yes	No (e.g. dyes, fogs)	
If 'Yes', specify _____			
Do you have appropriate Laser glasses?	Yes	No	N/A
If 'Yes', specify O.D. _____ @wavelengths _____			
Do you have Laser Safety curtains?	Yes	No	N/A
Have you developed an SOP?	Yes	No	N/A

\_\_\_\_\_  
Signature/Person in Charge of laser

\_\_\_\_\_  
Date