

### Laser Registration Form

#### Principal Investigator / Owner Information

Owner/PI Name:  Pitt ID:

Department:

#### Lab Contact / Administrator Information

Contact/ User Name:  Pitt ID:

Telephone:  Email:

---

#### Laser Device Information

Please Select Campus:  Building:  Room:

Manufacturer:

Model Number / Name:

Laser Classification:  Power (mW):  Type (Nd:YAG, Argon, ...):

Wavelength (nm):  Beam Shape:  Beam Diameter (mm):

Beam Divergence (mrad):  Beam Major / Minor Axis (mm):

#### Please check and complete the appropriate Laser Output type

Continous Wave Output      Output Power (mW):

Pulsed      Pulse Energy (J/pulse):       Repetition Frequency (Hz):

Q-Switched      Pulse Energy (J/pulse):       Repetition Rate (Hz):       Pulse Length (sec):

## Administrative and Facility Control Measures

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Standard Operating Procedures (SOP) in Place   | <input type="checkbox"/> Entrances Posted for Laser Use          |
| <input type="checkbox"/> Alignment Procedures Documented                | <input type="checkbox"/> Emergency Contacts Posted               |
| <input type="checkbox"/> Personnel Authorization Procedures Established | <input type="checkbox"/> Room Security Established               |
| <input type="checkbox"/> User Training Procedures Established           | <input type="checkbox"/> Control Area Established                |
| <input type="checkbox"/> Electrical Lockout Procedures Established      | <input type="checkbox"/> Spectator Access Limited                |
| <input type="checkbox"/> Eye Protection Required/Provided               | <input type="checkbox"/> Windows / Doorways Covered              |
| <input type="checkbox"/> Skin Protection Required/Provided              | <input type="checkbox"/> Reflective Materials / Surfaces Removed |

## Engineering and Device Interlock and Control Measures

Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Warning Label on Equipment    | <input type="checkbox"/> Laser Secured to Work Surface      |
| <input type="checkbox"/> Laser Class Label in Place    | <input type="checkbox"/> Beam Intensity Reduced or Filtered |
| <input type="checkbox"/> Laser Hazard Label in Place   | <input type="checkbox"/> Laser at Eye Level                 |
| <input type="checkbox"/> Laser Aperture Label in Place | <input type="checkbox"/> Fiber Optics Used                  |
| <input type="checkbox"/> Enclosed Beam                 | <input type="checkbox"/> Remote Beam Viewer                 |
| <input type="checkbox"/> Protective Housing            | <input type="checkbox"/> NHZ established                    |
| <input type="checkbox"/> Protective Housing Interlock  | <input type="checkbox"/> Entryway Controls                  |
| <input type="checkbox"/> Service Panel Interlocks      | <input type="checkbox"/> Entryway Warning Lights            |
| <input type="checkbox"/> Key / Lock Control            | <input type="checkbox"/> Emergency Shutoff / Panic Button   |
| <input type="checkbox"/> Beam Stop / Attenuator        | <input type="checkbox"/> Beam Power Indicator               |
| <input type="checkbox"/> Beam Shutter                  | <input type="checkbox"/> Activation Warning System          |
| <input type="checkbox"/> Beam Collimators              |   |