TEXAS STATE UNIVERSITY

The rising STAR *of Texas*

Restricted Laser Registration

(Required for all Class IIIb and IV lasers)

Upon completion of this form return to:
Environmental Health, Safety, Risk & Emergency Management
Office Smith House 736 Oscar Smith

GENERAL INFORMATION – Please print legibly

Principal Investigator: _____

Department: _____

Office: _____ Phone: _____

Email: _____

LASER SYSTEM DESCRIPTION

Location of laser (building & room): _____

Manufacturer: _____ Model: _____

Serial #: _____ Class: _____

Use of laser system: ☐ R & D ☐ Analysis ☐ Demonstration
☐ Other _____

Status of unit: ☐ Operable ☐ Inoperable

Date placed in service: _____

Laser type (CW or pulsed): _____

Description (He-Ne, Nd-YAG, CO_2, etc): _____

Wavelengths: _____ nm

Maximum power or energy: _____ W or J

Pulse duration (if applicable): _____ nsec, Frequency: _____ Hz

Emerging beam divergence: _____ mrad

Beam diameter: _____ mm

Has laser been modified from the original? ☐ YES ☐ NO
Description of changes made:

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SAFETY PRECAUTIONS

Which, if any, of the following precautions have been taken to minimize potential exposure to personnel from direct beam or specular reflections?

a. Protective housing ..... ☐
b. Isolation or collecting optics ..... ☐
c. Beam stop or attenuator ..... ☐
d. Keyswitch or code access ..... ☐
e. Access interlock ..... ☐
f. Audible/visual warnings ..... ☐
g. Signs w/wavelength, class, laser type, & power ..... ☐
h. Protective eyewear available ..... ☐
i. Viewing portal controls ..... ☐
j. Open beam path controls ..... ☐
k. Written alignment procedures used ..... ☐
l. Personnel trained in operating procedures ..... ☐

Additional Comments:

PRINT SUBMIT