

Utah State University Laser Safety Program Registry

Principal Investigator: _____ Date: _____

Department: _____ Phone: _____ Email: _____

Laser Information

Location*	Make	Model	Serial Number	Class	Type**

*Include building and room number

**Laser types include Mid Infrared, Near Infrared, Pulse Light, Ultraviolet, Visible

Fixed Mobile

Description of each laser:

Laser Properties

Emission Wavelength	Beam Diameter	Beam Divergence	Pulse Frequency	Pulse Duration	Max Permissible Exposure	Optical Density

Continuous Q-Switch Pulse

Personnel using, or with access to, Class 3b / 4 Lasers:

Name	A Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is a written SOP available? (Y / N) [attach copy]

Have all safety personnel received safety training? (Y / N)

Are Laser warning signs on entry doors? (Y / N)

Wording on sign(s): _____

Are users required to wear safety eyewear? (Y / N)

Type/Manufacturer: _____

Is safety eyewear available to visitors? (Y / N)

Laser servicing performed by: _____

Return completed form to Brayden George at brayden.george@usu.edu

Environmental Health and Safety Office

8315 Old Main Hill

Logan, UT 84322