Western Carolina University Laser Safety Program
Laser Registration Form

BASIC INFO	
Name of Principal Investigator:	
Name of Main Contact Person (if not PI):	
Contact Phone Number:	
Department Name:	
LASER ID	
Type of the Laser (Argon, ND-YAG, etc.):	
Make / Model of Laser:	
Laser Serial Number:	
WCU fabricated laser? (yes/no)	
WCU modified laser? (yes/no)	
Type of Lasing Medium (i.e. gas, dye, solid):	
Laser Classification: (3B or 4)	4
Laser Location: (bldg, room)	
Operation status: (Active/Inactive)	
LASER SPECIFICATIONS	
Wavelength: (nm)	
Range of Beam Diameter: (nm)	
Range of Beam Divergence: (mrad)	
Mode- (Continuous Wave, Pulsed, **or** Q-Switched)	Q-Switched
Continuous Wave	
Avg. Power: (Watts)	
Max. Power: (Watts)	
Pulsed or Q-Switched	
Pulse Duration: (sec)	
Pulse Frequency: (Hz)	
Avg. Joules/Pulse: (J)	
Max. Joules/Pulse: (J)	
LASER USE - Briefly Describe purpose of use:	

Safety Office Received and Accepted: *(Safety Office Use Only)*
Signature: _____
Date: _____