Laser Registration Form

Permittee

Title Title

Name:

UTEP Email UTEP ID

Department

Office Location: Mail Code

Phone Numbers: Office Home Fax

Cell Alt

Check if you experiments use animal subjects ☐

Check if your experiments use human subjects ☐

Comments/Notes

Laser Safety Supervisor (LSS)

Title Title

Name:

UTEP Email UTEP ID

Department

Office Location: Mail Code

Phone Numbers: Office Fax Cell

Comments/Notes

Laser Information

Location Location Phone

Manufacturer

Model Serial # UTEP Inventory #

Type Class: **Note: Class 1,2, and 3a do not require registration**

Operational Wavelengths (nm): Typical Ranges

Beam Diameter at aperture (mm) Beam Divergence (mrad)

Mode of Operation

For Continuous Wave

	Units:	Typical:	Maximum:	Minimum:
Power Level:	Units			

For Pulse

	Units:	Typical:	Maximum:	Minimum:
Pulse Duration:	Units			
Repetition Rate:	Units			
Energy/Pulse:	Units			

Comments/Notes: