# COLORADO SCHOOL OF MINES

# LASER REGISTRATION FORM

|  |
| --- |
| LABORATORY INFORMATION |
| **Lab Name/Description:**       | **Department:**       |
| Location:       | Lab Phone Number:       |
| Laser Owner:       | PI (if other than owner):       |
| Laser Owner Phone#:       | Date:       |
|  |
| LASER INFORMATION |
| Laser Manufacturer:       | **Laser Model:**  |
| Laser Type (HeNe, Nd-YAG, etc):       | **Laser Serial Number:**       |
|  |
| Manufacturer’s Hazard Classification: |
| [ ]  Class 3B | [ ]  Class 4 | [ ]  Class 1 laser system with a Class       laser embedded |
|  |
| Is a standard operating procedure (SOP) written for this laser? |  |
| [ ]  Yes (If yes please provide a copy of the SOP) |  |
| [ ]  No |  |
|  |  |  |
| LASER CHARACTERISTICS |
|  | Pulsed | Continuous Wave |
| Lasing medium |       |       |
| Wavelength (unit      ) |       |       |
| Wavelength range (unit      ) |       |       |
| Beam diameter (mm) |       |       |
| Beam divergence (mrad) |       |       |
| Maximum output power (unit      ) |       |       |
| Average output power (unit      ) |       |       |
| Energy/pulse (J) – peak power |       |       |
| Pulse rate (Hz) – repetition frequency |       |       |
| Pulse duration(unit      ) |       |       |
|  |  |  |
| Q-switched? **[ ]** Yes **[ ]**  No  | If yes, pulse width       |  |
| Has the laser been modified from its original design/configuration? **[ ]** Yes **[ ]**  No  |
| If yes, describe       |
|       |

|  |
| --- |
| **SAFETY AND CONTROL MEASURES Safety** |
| **Yes** | **No** | **Please verify the use of the following controls.**  |
| **Access / Postings** |
|  |  | Posted Entrance  |
|  |  | Laboratory Security (key card or limited laboratory access) |
|  |  | Established Control Area |
|  |  | Warning Signs  |
| **Administrative Controls** |
|  |  | Written Standard Operating Procedures  |
|  |  | Written Alignment Procedures |
|  |  | Personnel Trained In Standard Operating Procedures |
|  |  | Emergency Contacts Posted |
|  |  | Personnel Authorization |
|  |  | Laser Classification Label |
|  |  | Laser Hazard Label  |
| **Engineering Controls** |
|  |  | Enclosed Beam |
|  |  | Protective Housing and interlock |
|  |  | Protective curtain used |
|  |  | Service Panel Interlock |
|  |  | Key / Access Pad Control |
|  |  | Beam Stop / Attenuator |
|  |  | Activation Warning Systems |
|  |  | Window / Doorway Covered |
|  |  | Reflective Materials Removed |
| **Personal Protective Equipment** |
|  |  | Laser Protective Eyewear |
|  |  | Skin Protection Procedures |
| **Safe Practices** |
|  |  | Laser and Optics Secured to Table or Work Surface |
|  |  | Beam Intensity Reduced for Alignment |
|  |  | Laser Located Below Eye Level |
|  |  | Use of Optical Viewing Aids With Procedures in SOP  |
| **Non-Beam Hazards** |
|  |  | Laser Dyes in Use |
|  |  | Compressed Gases in Use |
|  |  | Cryogenic Material in Use |
|  |  | Local Exhaust Ventilation in Use |
|  |  | Fire Hazards Evaluated |
|  |  | Electrical Hazards Evaluated  |

|  |
| --- |
| **Additional Information/Comments** |
|  |