



DREXEL UNIVERSITY

Department of

Environmental Health & Safety

Laser Registration Form

Principal Investigator Information:

Name: _____ Phone Number: _____

Department Name: _____ E-Mail: _____

Authorized Users:

Name	User Type (Undergraduate student; Graduate Student; Employee; Visitor)	E-Mail Address	Date of Completion of BioRAFT Laser Safety Course

Laser System Information	
System Location (Building/Room Number)	
Manufacturer	
Model Number	
Serial Number	
Class (1, 1M, 2, 2M, 3R, 3B, 4)	
Type (CW, Pulsed)	
Description (i.e. He-Ne, ND: YAG)	
Wavelength(s)	
Maximum Power/Peak Power (Watts or Joules)	
Pulse Duration (repetition rate)	
Emerging Beam Dimensions (mm)	
Divergence Angle (θ)	
Use (holography, alignment, etc.)	

Control Information:

1. What is the manufacturer, wavelength and optical density of laser safety glasses?

2. Laser warning sign on door?

3. Do you have laser warning signs that light up during operation?

4. Is service for the laser performed in-house?

5. Are there written SOPs available?