

University of Illinois
LASER REGISTRATION FORM
Required for all class 3b or 4 lasers

Upon completion of this form, return to:
Radiation Safety Section
Division of Research Safety, MC-225

GENERAL INFORMATION – Please print legibly

Principal Investigator_____

Department_____

Office_____ Phone_____

Email_____ Mail Code_____

LASER SYSTEM DESCRIPTION

Location of laser (room & building)_____

Manufacturer_____ Model_____

Serial number_____ Class_____

UIUC Property #_____

Status of unit: ___Operable ___Inoperable ___Stored

Date placed in service:_____

Laser type (CW, pulsed)_____

Description (He-Ne, Nd-YAG, CO₂, etc)_____

Wavelength(s)_____

Maximum power (Watts) or energy (Joules)_____

Pulse duration (if applicable)_____, Frequency_____

Emerging beam divergence_____

Beam diameter_____

Has laser been modified from the original? ___Yes ___No

Description of changes made_____