

LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

NAME OF REGISTRANT: _____ **PHONE ()** _____ - **EXT.** _____

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

E-MAIL ADDRESS (optional): _____

ADDRESS OF LASER DEVICES (IF DIFFERENT FROM ABOVE)

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

NAME OF LASER SAFETY OFFICER: _____ **PHONE ()** _____ - **EXT.** _____

STREET: _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

ARE THESE LASERS PART OF A FIXED FACILITY OR ARE THESE MOBILE LASERS? **FIXED FACILITY** **MOBILE LASERS**

DESCRIPTION OF LASER DEVICES AT THIS LOCATION

MEDIUM (Argon, CO ₂ , Nd:YAG, etc.)	CLASS (IIIB or IV)	TYPE (CW or Pulsed)	WAVE LENGTHs (nm)	MAXIMUM OUTPUT (Watts or Joules)	MANUFACTURER	MODEL	SERIAL	USE (Medical, Construction, Industrial, Research, Entertainment, or Other)

FOR OFFICE USE ONLY

SIGNATURE OF REGISTRANT: _____ **DATE:** _____ **REGISTRATION #:** _____

NAME & TITLE: _____ **EVALUATOR:** _____