Florida Department of Health Bureau of Radiation Control

## LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

4052 Bald Cypress Way, Bin C21 Tallahassee, FL 32399-1741 (850) 245-4266 FAX (850) 487-0435

NAME OF REGISTRANT:							E <u>()</u>	-	EXT	
STREET:				CITY		STATE	ZIP		COUNTY	
E-MAIL AD	DRESS (opti	onal):								
ADDRESS OF	LASER DEV	ICES (IF DI	FFERENT FROM A	BOVE)						
STREET:					STATE	ZIP		COUNTY		
NAME OF LASER SAFETY OFFICER:							E <u>()</u>	-	EXT.	
STREET:					STATE	ZIP		COUNTY		
ARE THESE LA					BILE LASERS?	ICES AT THIS LOCATION $\square$ MOBILE LASERS				
			DESCRIPTIO	N OF LASE	R DEVICES	AT THIS L	OCATIO	N ———		
MEDIUM (Argon, CO <sub>2</sub> , Nd:YAG, etc.)	CLASS (IIIB or IV)	<b>TYPE</b> (CW or Pulsed)	WAVE LENGTHs (nm)	MAXIMUM OUTPUT (Watts or Joules)	MANUFACTURER	MODEL		SERIAL	USE (Medical, Construction, Industrial, Research, Entertainment, or Other)	
					•	-			E USE ONLY	
SIGNATURE OF REGISTRANT: DATE:							REGISTRATION #:			
NAME & TITLE:						I	EVALUATOR:			
DH Form 1605, 9/14 (r	eplaces all previou	us versions), Flo	orida Administrative Code	Rule 64E-4.001(2)						