**PSU Laser Registration Form**

(Required forClass 3B, Class 4, and any Class with embedded 3B or 4)

1. **Supervisor/PI information (**For non-first time registration, only **name** information is required)

First Name: Last Name: PSU ID:

College/Institution: Department: Position:

Mailing address: Office address:

PSU Email: Phone (O): Phone (L):

Phone (C): Phone (Home, emergency use only):

1. **Alternative Contact Person Information** (Skip this section if alternative contact not changed)

First Name: Last Name: Office address:

PSU Email: Phone (O): Phone (L):

Phone (C): Phone (Home, emergency use only):

1. **Laser Location**

Campus: Location if “other” selected:

College/Institution: Department:

Building: Room No.:

1. **Laser Identification and Properties**

Serial No.: Manufacture: Model No.:

Date Manufactured (Please estimate if unknown):

Laser Class: Embedded Class 3B: Embedded Class 4:

Laser Media (ex. Argon, He-Ne, diode, Dye, Ti:Sapphire, Nd:YAG, Nd:YLF):

Operation mode (pulsed or CW): Maximum output power if CW:

Repetition frequency if pulsed: Maximum output pulse energy:

Pulse Duration: Wavelength(s):

Beam diameter (if known): \_\_\_ Current Status (active or inactive):\_\_\_\_\_\_\_\_\_\_\_\_\_

Is laser portable and used in more than one location?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If portable list all other location that is used:

Provide a brief description of the laser application:

**Note: For single laser system, this is the end of the registration. If this laser is part of a laser system, please provide the following information of each component.**

1. **Component #1**

Serial No.: Manufacture: Model No.:

Operation mode: Output power/energy:

Repetition Frequency: Wavelength (s):

1. **Component #2**

Serial No.: Manufacture: Model No.:

Operation mode: Output power/energy:

Repetition Frequency: Wavelength (s):

1. **Component #3**

Serial No.: Manufacture: Model No.:

Operation mode: Output power/energy:

Repetition Frequency: Wavelength (s):

1. **Component #4**

Serial No.: Manufacture: Model No.:

Operation mode: Output power/energy:

Repetition Frequency: Wavelength (s):

**Please email your registration to Austin Olson at** **azo2@psu.edu****. Print out a copy and put it in your laser safety documentation binder as a record. After you finish the registration, please write a SOP for this laser and email to Austin Olson for approval. The users for this laser are required to take the On-line General Laser Safety Training at** [**https://ehs.psu.edu/training?combine=&tid=146**](https://ehs.psu.edu/training?combine=&tid=146) **and be specifically trained in the approved SOP before they use this laser.**

Form completed by: Date: