University of Florida Laser Registration Form

All Class 3B and 4 lasers and laser systems are required to be registered with the Office of Radiation Safety. Complete one form for each laser or laser system to be registered and submit using the button at the end of this form.

Contact Information

Principal Investigator's Name: _____
Principal Investigator's Phone: _____
Principal Investigator's Email: _____
P.O. Box: _____
Department: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____

Laser Information

Building: _____
Room: _____
Laser Manufacturer: _____
Model Number: _____
Serial Number: _____
UF Identification Number: _____
Laser Type (ND: YAG, etc.): _____
Classification (3b or 4): _____
Operational Wavelengths (nm): _____
Beam Diameter (mm): _____
Beam Divergence (mrad): _____

☐ Continuous Wave Max Power (W): _____
☐ Pulsed Joules/Pulse: _____ Repetition Freq: _____
Pulse Width: _____

Briefly explain purpose or use:

Comments:

Forward Completed form via Campus Mail or Email:

Campus Mail
Office of Radiation Safety
POB 100252

Email:
radiationsafety@ufl.edu