

Laser Device Registration

Laser User Information				
Name: First			Last	Permit #
Email:			UTRGV Emp. ID:	
Office Location (Building / Room):				
Phone Numbers (include area code) C	one Numbers (include area code) Office		Cell	
Laser Safety Supervisor (LSS)				
Name:				
First	M.I.	Last		UTRGV Emp. ID
Email:			_	
Office Location (Building / Room):				
Phone Numbers Office:	Fax	·	Cell	
Description of Laser Use / Research:				



Laser Information						
Location:	Location Phone:					
Manufacturer:	If Other, please specify:					
Model:	Serial #:		UT Tag #: _			
Туре:	If Type is	Other, please sp	ecify:			
Class:						
Operating Wavelengths (nm):	Typical		Ranges			
Beam Diameter at aperture (n	nm):	Beam	Divergence (mrad)):		
Mode of Operation:		_				
For Continuous Wave	(CW) Operation	n:				
	Units	Typical	Maximum	Minimum		
Power						
For Pulse Operation:						
	Units	Typical	Maximum	Minimum		
Pulse Duration						
Repetition Rate						
Energy/Pulse						

Description of Laser and Lab Setup: