

Laser Inventory Form

Principal Investigator _____ Office Ph. # _____

Department _____ Date _____

Please complete for each laser (excluding laser printers, pointers, bar code readers).

Use additional sheets, if necessary.

<i>Laser Manufacturer</i>	<i>Model</i>	<i>Serial Number</i>
Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
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Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
Hazard class of laser as indicated by manufacturer: <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4 <input type="checkbox"/> Unknown	Has laser been modified and the hazard class changed? <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> n't Kn <input type="checkbox"/> w	
Laser Location-Bldg: _____	Room #: _____	Lab. Ph.#: _____
<i>Laser Manufacturer</i>	<i>Model</i>	<i>Serial Number</i>
Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
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<i>Manufacturer</i>	<i>Model</i>	<i>Serial Number</i>
Wavelength(s): _____ <input type="checkbox"/> μm <input type="checkbox"/> nm	Max. Beam Power/Energy: _____	<input type="checkbox"/> mW <input type="checkbox"/> mJ
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Laser Location-Bldg: _____	Room #: _____	Lab. Ph: _____