**Appendix 1**

**LASER REGISTRATION FORM (LS-1)**

| **LASER REGISTRATION FORM (LS-1)** | | | | **Laser Ref. No:** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Policy Note:** This form is to be completed and a copy sent to the Departmental Laser Supervisor, for **all** lasers ***except*** inherently safe Class 1 lasers (e.g. laser printers, CD players etc) | | | | | | | |
| 1. Department | | | | | | | |
| Department: |  | | Room Number/ Location: | | | |  |
| Name of Research Supervisor: |  | | Name of Departmental Laser Supervisor: | | | |  |
| 2. Registration Process | | | | | | | |
| Supervisor Signature | | DLSO Signature | | | | Date Completed | |
|  | |  | | | |  | |
| 3. Detail the specifications of all laser(s) involved in the system: *Note: for physically separate lasers please fill out one registration form for each laser. If a single device includes multiple laser sources, list all of them here.* | | | | | | | |
| Overview of laser: |  | | | | | | |
| Make: |  | | | |  | | |
| Model: |  | | | |  | | |
| Serial no: |  | | | |  | | |
| Wavelength(s): |  | | | |  | | |
| Maximum output power: |  | | | |  | | |
| Beam diameter: |  | | | |  | | |
| Beam divergence: |  | | | |  | | |
| CW or Pulse repetition rate: |  | | | |  | | |
| CW or Pulse length: |  | | | |  | | |
| Classification: |  | | | |  | | |
| MPE – Eye: |  | | | |  | | |
| MPE – Skin: |  | | | |  | | |
| Nominal Ocular Hazard Distance  (*If known)*: |  | | | |  | | |
| Additional information (if required): |  | | | |  | | |