**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): |  |  |