



Laser Registration Form

Reference: [Laser Safety](#) procedure

This form may be used to update or register any class of laser equipment at the University, including change of location. Please complete this form and return to Local Laser Safety Officer (LSO), or Health Safety and Wellness Lead/ Manager/ Coordinator, if no LSO.

New Equipment

Notification of change to original registration

Section 1: Laser owner (person responsible for laser)

Name:	Position:
Email:	Phone:
Organisation Unit:	
Local Laser Safety Officer (if applicable):	
Org Unit HSW Manager or Safety Coordinator:	

Section 2: Laser details

Location:	
Laser Classification:	
Laser Type: (i.e., Gas Laser, Liquid Laser, Semiconductor Laser, Solid-State Laser or other type, please specify)	
Wavelength (in nm):	Continuous Wave/Pulsed:
Beam Colour:	Frequency (Hz):
Power (watts)/ Energy (joules):	Enclosed? Yes No
Manufacturer:	Model:
Serial Number:	
Further details:	