



Laser Equipment Form

Please complete the following form for laser equipment located in laboratory and research spaces. Please send completed forms to Environmental Health & Safety (EHS) at unmcehs@unmc.edu. Contact EHS at 402-559-6356 with any questions.

Principal Investigator (First & Last Name): _____

Email Address: _____ **Phone #:** _____

Department: _____

Building & Room Number of Laser Equipment: _____

Laser Safety Representative: _____

Employees Using the Laser: _____

Have employees received appropriate laser safety training? Yes No

Laser Information

Laser Type: _____ **Laser Class:** _____

Manufacturer: _____

Serial Number: _____ **UNMC Asset Number:** _____

Description of Use:
(i.e. tattoo removal)

Laser Emission Mode (choose one):

Pulse Continuous Wave Chopped Pulse Ultra/Super Pulse Q-Switched Multimode

Maximum Emission Wavelength: _____

Laser Beam Type (choose one): Fully Open Beam Limited Open Beam Fully Enclosed Beam

Laser Beam Energy: _____

Average Power: _____

Emission Duration: _____

Is the laser owned by you or is the laser leased from a company? Owned Leased

Is the laser currently active or inactive? Active Inactive

Is the laser fixed or mobile? Fixed Mobile

Does the laser have a safety interlock? Yes No

Is protective eyewear available? Yes No

Does the room have proper laser signage? Yes No

Has the laser been serviced? Yes No

Most recent date of service: _____

Please list any additional information related to the laser here:

If you have an owner's manual or any other manufacturer's documents related to the laser, please submit a copy of them with your completed form. Send completed form to unmcehs@unmc.edu

Form completed by: _____
(Please type your first and last name)

Date Submitted: _____