

Laser Equipment Data Form

Please complete the following form for new or existing laser equipment located in laboratory and research spaces. Once completed, please return to Environmental Safety and Health(EHS), Zip 5480 or via email to unmc_safety@unmc.edu. If you have any questions, please contact EHS at 559-7315 or 559-9913.

Location: _____ Department: _____

Principal Investigator: _____ Date: _____

Phone #: _____ Email: _____

Laser Information

Manufacturer: _____

Model: _____

Serial Number: _____

UNMC Asset Number: _____

Laser Type: _____ Laser Class: _____

	<input type="checkbox"/> PULSED	<input type="checkbox"/> CONTINUOUS WAVE
Wavelength (s)	nm	nm
	nm	nm
	nm	nm
LASER OUTPUT		
Energy/Power	mJ/pulse	mW
Radiant Energy/Irradiance	mJ/cm ²	mW/cm ²
Pulse Repetition Frequency	Hz	
Pulse Duration	sec	

Does the laser have any open beams? Yes No

If yes, please describe: _____

Does the laser have a safety interlock? Yes No

Is protective eyewear available? Yes No

Additional information (purpose of laser, safety interlocks, etc.): _____

****FOR ENVIRONMENTAL SAFETY AND HEALTH DEPARTMENT USE****

LASER INSPECTED ON: _____ BY: _____

COMMENTS: _____
