**New Laser Registry**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principle Investigator | | | | | | | | | | Department | | | | Phone |
|  | | | | | | | | | |  | | | |  |
| Location of new Laser, including building and room#. | | | | | | | | | | | | | | Current Status |
|  | | | | | | | | | | | | | | □ Active (needs inspection)  □ Inactive (Must alert LSC via email once laser is in use) |
| Description of laser. | | | | | | | | | | | | | | |
| Make | | | Model | | | | | | Maximum Power (W) | | | | Type (HeNe, Ar, Sapphire, etc) | |
|  | | |  | | | | | |  | | | |  | |
| Mark the laser class. | | | | | | | | | | | | | Power output at time of incident (W). | |
|  | Class I |  | | | Class II |  | Class IIIa | | | |  | Class IV |  | |
| Mark the wavelength of the laser. | | | | | | | | | | | | | Laser Maximum Permissible Exposure (MPE) | |
|  | UV  (<0.4μm) |  | | | Visible  (.4-.71 μm) |  | Near IR  (>0.71-1.4 μm) | | | |  | Far IR  (> 1.4 μm) |  | |
| Person(s) who will be using/operating the laser and require Laser Safety Training. Attach additional pages if necessary. | | | | | | | | | | | | | | |
| Name | | | | Phone | | | | Email Address | | | | | | Estimated level of exposure received. |
|  | | | |  | | | |  | | | | | |  |
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|  | | | |  | | | |  | | | | | |  |
|  | | | |  | | | |  | | | | | |  |
| TCU affiliation for those identified above: Check all that apply | | | | | | | | | | | | | | |
| Faculty  Staff  Grad Student  Undergrad  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**Send this completed form to The Office of Research at** [**Research@tcu.edu**](mailto:Research@tcu.edu) **&aslrisl@tcu.edu. (817) 257-5070.**