

Appendix D -- Environmental Health & Safety (EH&S)

LASER REGISTRATION FORM

Principle Investigator **MUST** complete Appendix D when proposed research involves use of laser (class 3 or 4) or they already have one in their laboratory. A separate registration form must be submitted for each piece of equipment in this category. Call EH&S at (212) 854-8749 (MS) or (212) 305-6780 (CUMC) or e-mail lasersafety@columbia.edu if you have any questions or need any assistance.

(PLEASE TYPE OR PRINT)

PI NAME: _____ DEPARTMENT: _____

BLDG/ROOM: _____ OFFICE PHONE: _____ EMERGENCY PHONE: _____

LASER SYSTEM LOCATION: BLDG _____ FL/ROOM # _____

USER'S NAME _____ PHONE # _____

Are safety signs posted on door? Yes No Are safety glasses/goggles used? Yes No
Are written SOP's developed? Yes No Are users trained on the SOP? Yes No

LASER DESCRIPTION: PLEASE DESCRIBE SPECIFICATIONS/CHARACTERISTICS OF THIS EQUIPMENT:

1. Type: _____

2. Manufacturer: _____

3. MODEL No: _____ SERIAL No: _____

5. LASER CLASS: CLASS 3A CLASS 3B CLASS 4

6. TYPES OF OPERATION: (A) C.W. _____ (B) PULSED _____

(C) MULTIPLE PULSED _____ (D) OTHER _____

7. RATED POWER OR ENERGY OUTPUT: _____ 8. PULSE REPETITION FREQUENCY: _____

9. OPERATING WAVELENGTHS: _____ 10. BEAM DIAMETER: _____

11. MAXIMUM EXPECTED EXPOSURE DURATION PER DAY _____

12. OTHER PERTINENT INFORMATION:

