

DUKE UNIVERSITY AND DUKE MEDICAL CENTER LASER REGISTRATION FORM

Instructions: All Class 3b and 4 lasers are required to be registered with the OESO Radiation Safety Division. Complete applicable sections of this form for each laser to be registered and forward to:

OESO Radiation Safety at radsafety@dm.duke.edu or FAX: 919-668-2783

Principal Investigator: _____ Phone: _____

Laser Manufacturer: _____

Model Number: _____

Serial Number: _____

Clinical Engineering Number (Medical use only) _____

Laser Location: _____
Building Department Room Number

Laser Type (Nd:YAG, etc): _____

Classification (3b or 4): _____

Wavelength (nm): _____

Beam Diameter (mm): _____

Beam Divergence (mrad): _____

Continuous Wave: Average power (Watts): _____

Or

Pulsed: Energy per Pulse (Joules): _____

 Pulse Repetition Frequency (Hz): _____

 Pulse Width (s): _____

Fiber coupled: Numerical aperture: _____

Purpose or Use: _____

Comments:

Principal Investigator's Signature

Date