**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. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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** **&aslrisl@tcu.edu. (817) 257-5070.**