

**Kansas State University**  
**LASER REGISTRATION FORM**  
Required for all class 3B or 4 lasers

Upon completion of this form, return to:  
Laser Safety Officer, Dykstra Hall  
or radsafety@ksu.edu

**GENERAL INFORMATION**

Principal Investigator \_\_\_\_\_

Department \_\_\_\_\_

Office \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**LASER SYSTEM DESCRIPTION**

Location of laser (room & building) \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Serial number \_\_\_\_\_ Class \_\_\_\_\_

Status of unit:  Operable  Inoperable  Stored

Date placed in service: \_\_\_\_\_

Laser type (CW, pulsed) \_\_\_\_\_

Description (He-Ne, Nd-YAG, CO<sub>2</sub>, etc) \_\_\_\_\_

Wavelength(s) \_\_\_\_\_

Maximum power (Watts) or energy (Joules) \_\_\_\_\_

Pulse duration (if applicable) \_\_\_\_\_, Frequency \_\_\_\_\_

Emerging beam divergence \_\_\_\_\_

Beam diameter \_\_\_\_\_

Has laser been modified from the original?  Yes  No

Description of changes made (continue on separate page if necessary):