Fermilab

LASER REGISTRATION FORM

Your Name _____ Date _____

Fermilab Contact Person _____

Laser Owner: [ ] Fermilab, Division/Section _____

[ ] Other, Name _____

Expected Dates of Operation: Start _____ Stop _____

Intended Use(s) of Laser _____

Intended Use Location(s) of Laser _____

LASER SPECIFICATIONS

Manufacturer _____ Model _____

Serial Number _____ FNAL Number _____

Lasing Medium _____

Manufacturer's hazard classification: [ ]1 [ ]2 [ ]3a [ ]3b [ ]4

Wavelength (λ) _____[ ]nm [ ]μm [ ]mm Specify all wavelengths or range.

Emergent beam characteristics

Diameter (a) _____[ ]mm [ ]cm If not circular, specify dimensions.

Divergence (ϕ) _____[ ]mrad [ ]^o

For continuous wave (CW) lasers only

Radiant power (Φ) _____[ ]nW [ ]μW [ ]mW [ ]W [ ]kW

Irradiance (E) _____[ ]μW/cm^2 [ ]mW/cm^2 [ ]W/cm^2 [ ]kW/cm^2
[ ]μW/mm^2 [ ]mW/mm^2 [ ]W/mm^2

For pulse wave (PW) lasers only

Radiant energy/pulse (E)_____[ ]μJ/cm^2 [ ]mJ/cm^2 [ ]J/cm^2 [ ]kJ/cm^2
[ ]μJ/mm^2 [ ]mJ/mm^2 [ ]J/mm^2

Single pulse duration (t) _____[ ]ps [ ]ns [ ]μs [ ]ms [ ]s

Pulse repetition frequency (F)___[ ]mHz [ ]Hz [ ]kHz [ ]MHz

For rotating beam lasers only

Rotation rate (S) _____[ ]rpm [ ]rps

Min eye-axis distance (r_{min}) _____[ ]cm [ ]in [ ]ft [ ]m

Copies to: LSO @ MS119, Your Division/Section ES&H Office, Fermilab Contact Person

IH Form #10
Rev. 11/93

IH FORM #7
REV. 11 / 93