

LASER EQUIPMENT REGISTRATION FORM

REFERENCE: [Laser Safety Procedures](#)

This form may be used to update or register new laser equipment at the University, including change of location. Please complete this form and return to whs@flinders.edu.au.

New Equipment

Updating Existing Equipment

SECTION 1: Laser Owner (person responsible for laser)	
Name:	Position:
Email:	Phone:
College/ Portfolio:	
Program Area/ Business Area:	
Registration/ Update Date:	
Manager/ Supervisor:	
Other Laser Equipment users:	

SECTION 2: Laser Details	
Building:	Room:
Class: <input type="checkbox"/> 1 <input type="checkbox"/> 1M <input type="checkbox"/> 1C <input type="checkbox"/> 2 <input type="checkbox"/> 2M <input type="checkbox"/> 3R <input type="checkbox"/> 3B <input type="checkbox"/> 4	
Type: <input type="checkbox"/> Solid-state laser <input type="checkbox"/> Gas laser <input type="checkbox"/> Liquid laser <input type="checkbox"/> Semiconductor laser	
Wavelength (λ in nm):	Continuous Wave/Pulsed:
Beam Colour:	Frequency (Hz):
Power (watts)/ Energy (joules):	NOHD/NSHD:
Duration of exposure (sec):	Beam Divergence (ϕ / rads):
Glasses Optical Density (OD):	Enclosed? Yes No
Manufacturer:	Make:
Model:	Serial Number:
Further details:	

Please return this form to whs@flinders.edu.au

WHS Unit Use Only	
<i>Date registration details entered on Laser Register:</i>	<i>Laser Register #:</i>
Laser Safety Officer:	