## Appendix D -- Environmental Health & Safety (EH&S)

## LASER REGISTRATION FORM

Principle Investigator **MUST** complete Appendix D when proposed research involves use oflaser (class 3 or 4) or they already have one in their laboratory. A separate registration form must be submitted for each piece of equipment in this category. Call EH&S at (212) 854-8749 (MS) or (212) 305-6780 (CUMC) or e-mail <a href="mailto:lasersafety@columbia.edu">lasersafety@columbia.edu</a> if you have any questions or need any assistance.

BLDG/ROOM: OFFICE PHONE:EMERGENCY PHONE:
LASER SYSTEM LOCATION: BLDG FL/ROOM #
USER'SNAME PHONE #
Are safety signs posted on door? Yes No Are safety glasses/goggles used? Yes No Are written SOP's developed? Yes No Are users trained on the SOP:? Yes No
LASER DESCRIPTION: PLEASE DESCRIBE SPECIFICATIONS/CHARACTERISTICS OF THIS EQUIPMENT:
1. Type:
2. Manufacturer:
3. MODEL No:SERIAL No:
5. LASER CLASS: CLASS 3A CLASS 3B CLASS 4
6. TYPES OF OPERATION: (A) C.W(B) PULSED
(C) MULTIPLE PULSED (D) OTHER
7. RATED POWER OR ENERGY OUTPUT: 8. PULSE REPETITION FREQUENCY:
9. OPERATING WAVELENGTHS:10. BEAM DIAMETER:
11. MAXIMUM EXPECTED EXPOSURE DURATION PER DAY
12. OTHER PERTINENT INFORMATION:

13. Is LASER SERVICE DONE: IN HOU	JSE? YES	NO CONTR.	ACTED OUT	YES	NO		
IF CONTRACTED OUT, COMPANY							
14. MOST RECENT DATE THIS EQUIPMENT WAS SERVICED							
MANUFACTURERS RECOMMENDED FREQUENCY OF SERVICE							
REGISTRANT'S SIGNATURE	DATE	3					
EH&S APPROVAL SIGNATURE	DATI	Ε	EHS APPRO	VAL No	)		