

UNIVERSITY OF CAMBRIDGE
DEPARTMENT OF ENGINEERING
LASER REGISTRATION FORM

<u>Date</u>	
<u>Names of users</u>	
<u>Technician in charge</u>	
<u>Academic Officer in charge</u>	
<u>Departmental Laser Ref</u>	
<u>Type of Laser</u>	
<u>Wavelength</u>	
<u>Manufacturer</u>	
<u>Model No.</u>	
<u>Serial No.</u>	
<u>Beam Diameter</u>	
<u>Class No.</u>	
<u>Continuous/Pulsed</u>	
<u>Power or Energy</u>	
<u>Accessible Emission Limit</u>	

Entered in Register by _____ date _____

Instructions: A form must be completed by the Technician or Academic Officer for each laser and all users must be listed. The attention of all users is drawn to the Departmental Procedures for the use of Lasers.