Please complete a form for each Class 3a, 3b, 4 laser and submit to:
Laser Safety Officer
Office of Environment, Health and Safety
350 University Hall
MC 1150
Email: racerx@berkeley.edu

Date
Name of Principal Investigator: _Winthrop Williams_
Department of Principal Investigator: Physics
Phone Number: _510-685-1164_ Email: _winthrop@berkeley.edu_
Name of Laboratory Contact: _Winthrop Williams_
Phone Number: __________________________ Email: __________________________
Names of Laser Users: __________________________
Location of Laser (building and room): _LeConte 111-Lab_
Make/Model of Laser: __________________________
Laser Serial Number: __________________________
Type of Lasing Medium: __________________________
Laser Research Funding Source (choose one): DOE Other

Laser Information
Laser Classification Marked on Laser (choose one): 3a 3b 4 None
CW Pulsed
Wavelength(s): _______________ (nm) Wavelength(s): _______________ (nm)
Beam Diameter at aperture: ____________ (mm)
Beam Divergence: ________________(mrad)

Laser Use (describe briefly):

Check all items that apply:
___ Use of Cryogens ___ Use of Pumping Laser
___ Use of Compressed Gases ___ Beam Focusing Optics
___ High Voltage Power Supplies ___ UCB Fabricated Laser
___ High Voltage >30 kVp ___ UCB Modified Laser
___ Dye Laser ___ Freq. Doubling Crystal
___ Exposed Beam Paths ___ Tunable Laser
___ High Noise Levels ___ Invisible Beam
___ Laser Cutting/Welding ___ ____________

Changes, questions, comments and/or details:

Questions? Please call the Laser Safety Officer at (510) 643-9243.