

## UC BERKELEY: LASER USE REGISTRATION (LUR) FORM

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: [racex@berkeley.edu](mailto:racex@berkeley.edu)

Date \_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_

Department of Principal Investigator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Laboratory Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Names of Laser Users: \_\_\_\_\_

Location of Laser (building and room): \_\_\_\_\_

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)

Max. Op. Power: \_\_\_\_\_

(W) Pulse Duration: \_\_\_\_\_ (sec)

Avg. Op. Power: \_\_\_\_\_

(W) Pulse Frequency: \_\_\_\_\_ (Hz)

Max Op. Energy: \_\_\_\_\_ (J)

Avg. Op. Power: \_\_\_\_\_ (J)

Beam Diameter at aperture: \_\_\_\_\_ (mm)

Beam Divergence: \_\_\_\_\_ (mrad)

Laser Use (describe briefly):

Check all items that apply:

\_\_\_\_ Use of Cryogenics

\_\_\_\_ 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.