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| **ehs_logo**  **The University of Iowa** | **Laser Registration for Class 3b and Class 4 Lasers** |

Date:       Reg. No.       (EHS Use)

## General Information

Principal Investigator:     Dept:

Campus Address:

Phone:

## Equipment

*Please list the type of laser and location for each unit you plan to use, per the example below:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Laser Type | Wavelength(s) | Power | Class | Pulsed? (Y/N)(frequency if yes) | Location |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Experimental Protocol

*Briefly describe your use of the laser(s) listed above. Please list any special hazards or safety concerns associated with the use of this laser and what safety measures you will employ to reduce the risk to yourself and others. Please include a description of the nominal hazard zone. Complete a separate description for each different laser and/or protocol you use:*

## Laser Users

List each person who will operate the laser or be directly involved with the use of the laser in the protocol(s).

|  |  |  |
| --- | --- | --- |
| Name | UI ID# Number | Training Date (EHS USE) |
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## Personnel Protective Equipment

*List the personnel protective equipment you will utilize during the use of the laser(s) as described above. If you listed these in Section III, please write “See Section III” below.*

## Attestation

By checking this box, and inserting your name here,  you are attesting to the following:

* The use of lasers as described in this application will adhere to the guidelines described in the University of Iowa’s Laser Safety Manual.
* I will inform EHS of any real or suspected injury that occurs as a result of the use of lasers under my responsibility.
* I will inform the EHS prior to transferring, re-locating, or disposal of any laser or laser-related component.

**E-mail form to Joey Michael, Environmental Health & Safety,** [**joey-michael@uiowa.edu**](mailto:joey-michael@uiowa.edu).