

**BOSTON COLLEGE**

**APPLICATION FOR REGISTRATION OF LASER SYSTEMS**

Complete all applicable sections of this form, sign, date, and return to the LSO

Section 1

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1. Identification of person(s) who will supervise work w/ lab specific laser equipment

<b>Name</b>	<b>Department</b>	<b>Position/Title</b>	<b>Building &amp; Rm. #</b>	<b>Telephone # &amp; Email</b>

2. Name of person(s) who will use the specified laser equipment

<b>Name</b>	<b>Department</b>	<b>Position/Title</b>	<b>Building &amp; Rm. #</b>	<b>Telephone # &amp; Email</b>

## Form 1 (continued)

### Section 2

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**Inventory of Class 3B & 4 Lasers**

	Manufacturer	Model	Class 3B or 4	Serial #	Mode <sup>1</sup>	Medium <sup>2</sup>	Use <sup>3</sup>
1							
2							
3							
4							
5							
6							
7							

**Inventory continued (Operating Parameters)**

	Max Wave-length (nm)	Tunable (Y/N)	Emergent Beam Diameter (mm)	Beam Divergece (mrad)	(max) Pulse Rep. Freq (Hz)	(min) Pulse Duration (s)	Max Joules per Pulse	Average Pulsed Power (mWormJ)	CW Max Power (mW)
1									
2									
3									
4									
5									
6									
7									

## Form 1 (continued)

### Section 3

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A brief description of the work to be performed w/ the specified lasers (attach separate sheet if additional room is required):

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### Section 4

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General conditions relating to the application:

1. The proposed work shall be performed in the manner specified in the Boston College Laser Safety Manual. Work with lasers shall adhere to all state, federal, and local standards/requirements as referenced in the Laser Safety Manual (See II Regulatory Framework). There shall be no changes in the approved procedures without the prior approval of the Laser Safety Officer (LSO). The LSO shall be notified prior to a change in location of use of the equipment.
2. Routine operation of this equipment may not begin until LSO has been notified, conducted a thorough survey, and given approval for operation. Additional surveys may be performed by the LSO as deemed necessary.
3. LSO shall be notified of any changes in personnel associated with this equipment. All personnel shall attend laser safety training provided by EH&S as well as any lab specific training provided by the supervisor prior to working with the specified equipment.

Supervisor/Principal Investigator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_