UNO Laser Equipment Data Form

Please complete the following form for new or existing laser equipment located in laboratory and research spaces. Once completed, please return to Environmental Safety and Health(EHS), via email to uno.ehs@nebraska.edu. If you have questions about this form, contact EHS.

Location: _____ Department: _____

Principal Investigator: _____ Date: _____

Phone #: _____ Email:

Laser Information

Manufacturer: _____

Model: _____

Serial Number: _____

UNO Asset Number: _____

Laser Type: _____ Laser Class: _____

	☐ **Pulsed**	☐ **Continuous Wave**
Wavelength (s)	nm	nm
	nm	nm
	nm	nm
Laser Output		
Energy/Power	mJ/pulse	mW
Radiant Energy/Irradiance	mJ/cm^2	mW/cm^2
Pulse Repetition Frequency	Hz	
Pulse Duration	sec	

Does the laser have any open beams? ☐Yes ☐No

If yes, please describe: _____

_____

Does the laser have a safety interlock? ☐Yes ☐No

Is protective eyewear available? ☐Yes ☐No

Additional information (purpose of laser, safety interlocks, etc.): _____

_____

****For Environmental Health and Safety Use****

Laser Inspected On: _____ By: _____

Comments: _____

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