

ORS LASER SAFETY PROGRAM

Laser Registration and Equipment Inventory Form

Administrative Information

LSP Program No. _____ Date Submitted _____

Principal Investigator _____ Laser Supervisor/ Custodian _____

Department/Division _____ Building/ Room(s) _____

Contact Email _____ Contact Phone _____

SECTION 1. REGISTRATION INFORMATION

Registration Type

- | | |
|---|--|
| ☐ New Registration | ☐ Modification |
| ☐ Relocation | ☐ Transfer |
| ☐ Temporary Installation | ☐ Decommissioning |
-

SECTION 2. AUTHORIZED LASER USERS

Name	Blazer ID	Employee / Student	Authorized User	Training Date

☐ Additional User List Attached

SECTION 3. LASER SYSTEM INFORMATION

Equipment Identification

Item	Information
Manufacturer	_____
Model Number	_____
Serial Number	_____
UAB Asset Number	_____
Equipment Description	_____
Intended Use	_____

Intended Use

- | | |
|--|---------------------------------------|
| ☐ Research | ☐ Clinical |
| ☐ Teaching | ☐ Imaging |
| ☐ Alignment | ☐ Spectroscopy |
| ☐ Material Processing | ☐ Other: _____ |

Laser Characteristics

Laser Medium

- | | | |
|--------------------------------------|--|----------------------------------|
| ☐ Diode | ☐ Fiber | ☐ Nd:YAG |
| ☐ HeNe | ☐ CO ₂ | ☐ Excimer |
| ☐ Ti:Sapphire | ☐ Other: _____ | |

Laser Classification

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| ☐ Class 1 | ☐ Class 1M | ☐ Class 2 | ☐ Class 2M |
| ☐ Class 3R | ☐ Class 3B | ☐ Class 4 | |

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Operating Mode

☐ Continuous Wave (CW)

☐ Pulsed

Technical Specification	Value
Wavelength(s) (nm)	
Output Power (CW)	
Pulse Energy	
Pulse Duration	
Repetition Rate	
Beam Diameter	
Beam Divergence	

SECTION 4. LASER LOCATION AND FACILITY CONTROLS

Room Information

Item	Information
Building	
Room Number	
Dedicated Laser Area	Yes / No
Shared Space	Yes / No

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Entry and Access Controls

- | | |
|---|---|
| ☐ Laser Warning Sign Installed | ☐ Illuminated Warning Sign Installed |
| ☐ Door Interlock Present | ☐ Controlled Access |
| ☐ Key Control | ☐ Restricted to Authorized Personnel |

Sign Information

Item	Information
Sign Wording	
Date Last Tested	
Monthly Verification Performed	Yes / No

SECTION 5. PERSONAL PROTECTIVE EQUIPMENT

Protective Eyewear

- | | |
|--|--|
| ☐ Laser Eyewear Available | ☐ Visitor Eyewear Available |
|--|--|

Wavelength Range	Minimum OD	Manufacturer	Model

SECTION 6. ENGINEERING CONTROLS

Beam Controls

- | | |
|--|---|
| ☐ Beam Stops Installed | ☐ Protective Housing Installed |
| ☐ Beam Enclosures Installed | ☐ Emergency Stop Available |
| ☐ Key Switch Present | ☐ Emission Indicator Present |
| ☐ Remote Operation | |

Infrared Lasers (>710 nm)

- ☐ Beam Properly Terminated
- ☐ Fire-Resistant Beam Stop
- ☐ Non-Reflective Work Surface
- ☐ Additional Fire Protection Measures

SECTION 7. SAFETY DOCUMENTATION

Program Documentation

- ☐ Laser SOP Available
- ☐ SOP Reviewed Annually
- ☐ Hazard Analysis Completed
- ☐ NHZ Calculation Completed
- ☐ Alignment Procedure Available
- ☐ Maintenance Procedure Available

Operational Notes

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SECTION 8. MAINTENANCE AND SERVICE

Item	Information
Internal Maintenance Performed	Yes / No
Vendor Service Required	Yes / No
Service Company	
Service Contact	

☐ Lockout/Tagout Procedures Established

☐ Service Safety Procedures Available

SECTION 9. EQUIPMENT STATUS

Current Status

☐ Operational

☐ Stored

☐ Awaiting Installation

☐ Out of Service

☐ Transferred

☐ Decommissioned

Item	Information
Installation Date	
Expected Service Life	
Date Removed	
Disposition Method	

SECTION 10. ATTACHMENTS

- ☐ Manufacturer Manual
 - ☐ Equipment Photograph
 - ☐ Room Photograph
 - ☐ Purchase Documentation
 - ☐ SOP
 - ☐ Hazard Analysis
 - ☐ NHZ Calculation
 - ☐ Eyewear Specifications
 - ☐ Additional User List
 - ☐ Other: _____
-

SECTION 11. RISK REVIEW (LSO USE ONLY)

Risk Classification

- ☐ Low Risk (Class 1–2)
- ☐ Moderate Risk (Class 3R)
- ☐ High Risk (Class 3B)
- ☐ Very High Risk (Class 4)

Additional Review Required

- | | |
|--|--|
| ☐ NHZ Review | ☐ Engineering Controls Verification |
| ☐ Laser Safety Committee Review | ☐ Clinical Laser Review |
| ☐ Annual Inspection Required | |

Comments:

SECTION 12. LASER SAFETY OFFICER APPROVAL

Item	Information
Date Reviewed	_____
Reviewer	_____
Registration Number Assigned	_____

Approval Status

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Pending Additional Information
- ☐ Not Approved

Comments:

Reviewer Signature: _____

Date: _____

University of Alabama at Birmingham (UAB)
Office of Radiation Safety (ORS) Laser Safety Program
Laser Registration and Equipment Inventory Form
 Version 3.0