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| **Laser Registration Form – University of Windsor** | ERSO File #: Click here to enter text. |

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| **Contact Information** |
| **Laser Supervisor (Last, First):** Click here to enter text. |
| **Position:**  | Click here to enter text. | **Department:** | Click here to enter text. |
| **Office Location (Building / Room):** | Click here to enter text. | **Phone Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Emergency Telephone:** | Click here to enter text. |

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| **Laser Equipment Information**  |
| **Laser Location** **(Building / room):**  |  Click here to enter text. |  |  |  |  |
| **Manufacture:**  | Click here to enter text. | **Model:** | Click here to enter text. |
| **Serial Number:**  |  Click here to enter text. |  |  |  |  |
| **Type of Laser:**  | **CO2** [ ]  | **Nd:YAG** [ ]  | **He-Ne** [ ]  | **Diode** [ ]  | **Other (specify):** Click here to enter text. |
| **Hazard Class:**  |  **Classs 3B** [ ]  | **Class 4** [ ]  | **Unknown** [ ]  |  |
| **Wavelength Range (nm):** | Click here to enter text. | **Wavelength(s) (nm):** | Click here to enter text. |
| **Output Power(s) ϕ0:** |  Click here to enter text. | **[Ignition source if ϕ0>0.5W]**  |  |

1. **Continuous Output Power:**

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| **Beam** **Diameter (mm**):  | Click here to enter text. | **Divergence (mrad**): | Click here to enter text.  |

1. **Pulsed Output Power:**

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| **Repetition rate (Hz)**  |  Click here to enter text. |  |  |
| **Pulse Duration (s)**  |  Click here to enter text. |
| **Minimum OD:**  |  Click here to enter text. @ Click here to enter text. nm  |

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| **Purpose or Use:**  |
| Click here to enter text. |

**Authorized Personnel – Laser Workers**

Please fill out the Authorized Personnel – Laser Worker list. A copy can be found on the Laser Program website. ([link](http://www1.uwindsor.ca/chemicalcontrol/laser-safety))

* After a risk assessment by the Research Safety Committee, Laser Workers may have to complete a baseline eye examination. To do so, fill out the Laser Safety Clearance form on the Laser Program website and have it signed off by a certified optometrist or ophthalmologist.
* All Laser Workers must complete the Laser Safety Training. Contact the CCC at ccc@uwindsor.ca to register.
* An updated list must be provided to the Laser Safety Officer in order to renew the permit.

**Declaration:**

I declare that I am familiar with the contents of University of Windsor Laser Safety Program and that the above describes my research program, insofar as this includes the use of lasers and/or laser systems, in its entirety.

As the Laser Supervisor, I understand that I am the legally responsible individual. I will ensure that all research and teaching conducted under my direction in the above laboratories and by the above personnel conforms to the requirements of the University of Windsor’s Laser Safety Program. In addition, I understand that if either myself and/or designated personal are found to be in breach of either institutional and/or American National Standards Institute (ANSI Z136.1) guidelines, all funding maybe frozen until corrective action is taken.

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| **Approval:**  |  |  |  |
| **Laser Supervisor:**Signature | Print name |  **Department Chair:**Signature | Print name |
| Date: | Date: |
| **Laser Safety Officer:**Signature | Print name |  **Research Safety Chair:**Signature | Print name |
| Date: | Date: |

Please complete the necessary information and **mail to**:

Team Leader

Chemical Control Centre,

University of Windsor

Essex Hall B-37

593 259 3000 xt 3524

or **email to**: ccc@uwindsor.ca

 **Assistance, Information, and the World Wide Web:**

The University of Windsor’s Laser Safety Program is available at: **http://www.uwindsor.ca/laser**

This site contains the text of the University of Windsor’s Laser Safety Program, reference guides, contact information, safety information, and other laser safety related information.