APPENDIX II

YORK UNIVERSITY

RADIATION SAFETY COMMITTEE

REGISTRATION OF LASERS
(Use one form for each laser)

Responsible Holder:_____

Office Location: _____ Tel.: _____
Building Room no.

Location of Laser: _____

A) CONTINUOUS OUTPUT POWER: _____

Laser Class: _____

Wavelength Range: _____ Wavelength: _____

Beam Diameter at Aperture: ____mm Beam Divergence: ____mrad
(Limiting aperture)

B) PULSED OUTPUT POWER: _____

Laser Class: _____

Pulse Duration: _____Frequency of Repetition: _____

Wavelength Range: _____ Wavelength: _____

Name of Users: _____

_____

I have read and agree to abide by the regulations of the operation of lasers at York University specified in the York University Laser Safety Program.

Signature of Responsible Holder: _____

PLEASE RETURN COMPLETED FORM TO: Richard Grundsten, LSO
E.O.B. Rm. C37