

**UNIVERSITY OF CAMBRIDGE- DEPARTMENT OF ENGINEERING**  
**LASER REGISTRATION FORM**

<u>Date</u>	
<u>Names of user(s)</u>	
<u>Academic Staff in charge of Lab/Experiment</u>	
<u>Technician in charge of lab (if applicable)</u>	
<u>Departmental Laser Ref</u>	
<u>Type of Laser (fibre/diode/YAG etc)</u>	
<u>Location of Laser</u>	
<u>Wavelength or wavelength range</u>	
<u>Manufacturer</u>	
<u>Model No.</u>	
<u>Serial No.</u>	
<u>Beam Diameter</u>	
<u>Classification.</u>	
<u>Continuous/Pulsed</u>	
<u>Maximum Power or Energy</u>	
<u>Accessible Emission Limit (from Risk assessment)</u>	

**Instructions:** This form must be completed by the laser user or a member of Academic Staff for each laser. The Departmental Laser ref will be assigned once the completed form has been sent to the Laser Safety Officer (Tim Wilkinson – [tdw13@cam.ac.uk](mailto:tdw13@cam.ac.uk))

Please note the a Laser Safety Risk Assessment and Local Rules MUST be completed before use of the laser. Attention of all users is drawn to the Departmental Procedures for the use of Lasers:

<http://www3.eng.cam.ac.uk/safety/laser/lasers.html>