

FORM: LR1

Laser System Registry

- 1. Principal Investigator: _____
- 2. Department: _____
- 3. Phone: _____
- 4. Email: _____
- 5. Laser Location (Building & Room): _____

6. Specifications of Laser System:

Manufacturer: _____ Model: _____

Laser Type: _____ Class: _____ Embedded: Yes No

Serial #: _____ LSU#: _____ Manufacturer Operation Manual: Yes No

Beam Diameter (cm): _____ Beam Divergence (mradian): _____

Beam diameter and divergence were measured at 1/e 1/e² 90% 50% point.

How many simultaneous wavelengths? _____ What are these wavelengths? _____ nm

In-House Service: Yes No Service Contractor Contact: _____

CW

Pulsed

Wavelength (nm): _____ Wavelength (nm): _____

Maximum Operating Power (W): _____ Minimum Pulse Duration (sec.): _____

Average Operating Power (W): _____ Maximum Pulse Frequency (Hz): _____

Maximum Operating Energy (J): _____

Average Operating Energy (J): _____

7. Please check appropriate box for the following items:

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of cryogenes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of compressed gases |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of high voltage supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High voltage > 30 kVp |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dye laser |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tunable laser |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Used as a pumping laser |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exposed beam path |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of beam focusing optics |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of frequency doubling crystal |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High noise level |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Laser cutting/welding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Home-fabricated laser |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Self-modified laser |

