FLORIDA DEPARTMENT OF HEALTH

LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

DOH Radiation Control
4052 Bald Cypress Way, Bin C21
Tallahassee, FL 32399-1741
(850) 245-4266

NAME OF REGISTRANT: University of Central Florida **PHONE** (407) 823 - 0071 **EXT.** 3-0071

STREET: P.O. Box 163500 **CITY** Orlando **STATE** FL **ZIP** 32816 **COUNTY** Orange

ADDRESS OF LASER DEVICES (IF DIFFERENT FROM ABOVE) Building Room

STREET: **CITY** Orlando **STATE** FL **ZIP** 32816 **COUNTY** Orange

NAME OF LASER SAFETY OFFICER: Kasey Creel **PHONE** (407) 823 - 4173 **EXT.**

STREET: P.O. Box 163500 **CITY** Orlando **STATE** FL **ZIP** 32816 **COUNTY** Orange

ARE THESE LASERS PART OF A FIXED FACILITY OR ARE THESE MOBILE LASERS? **FIXED FACILITY** ☑ **MOBILE LASERS** ☐

DESCRIPTION OF LASER DEVICES AT THIS LOCATION

MEDIUM (Argon, CO_2, Nd:YAG, etc.)	**CLASS** (IIIB or IV)	**TYPE** (CW or Pulsed)	**WAVE LENGTHs** (nm)	**MAXIMUM OUTPUT** (Watts or Joules)	**MANUFACTURER**	**MODEL**	**SERIAL**	**USE** (Medical, Construction, Industrial, Research, Entertainment, or Other)
								Research
								Research

FOR OFFICE USE ONLY

SIGNATURE OF REGISTRANT: **DATE:** **REGISTRATION #:**

NAME & TITLE : Kasey Creel, Radiation Safety Coordinator **EVALUATOR:**

DH Form 1605, 6/06