



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: _____ PHONE () - EXT. _____

STREET: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

ADDRESS OF LASER DEVICES (IF DIFFERENT FROM ABOVE) _____

STREET: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

NAME OF LASER SAFETY OFFICER: _____ PHONE () - EXT. _____

STREET: _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

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)

FOR OFFICE USE ONLY

SIGNATURE OF REGISTRANT: _____ DATE: _____ REGISTRATION #: _____

NAME & TITLE : _____ EVALUATOR: _____