
Laser Registration Form

All Class 3B and 4 lasers must be registered with the Florida Department of Health Bureau of Radiation Control within 30 days of acquiring them. By filling out this form, UCF EHS can assist you with registration of your laser and documentation to the FDOH BRC. Please contact the Laser Safety Officer at 407-823-1470 for any questions related to this form.

Principal Investigator Information:

Name: _____ Primary Department: _____

Affiliated Department: _____ Phone: _____ Lab Phone: _____

After Hour Phone: _____ UCF Email: _____

Lasers Information:

Building: _____ Room: _____

Laser Manufacturer: _____

Model Number: _____

Serial Number: _____

Laser Type (ND:YAG, etc.): _____

Classification (3B or 4): _____

Operational Wavelengths (nm): _____

Beam Diameter (mm): _____

Beam Divergence (mrad): _____

Average Power (W): _____ Max Power (W): _____ Continuous Wave

Joules/Pulse: _____ Pulse Width (sec): _____ Pulsed

Repetition Rate (Hz): _____ Q-Switched

Briefly explain the purpose and use of this laser in your research:

Protective Eyewear

Is protective eyewear present for all lab workers and visitors? Yes or No

Link to online calculator for determining laser hazards including OD levels: [█](#)

Calculated Ocular MPE in Watts/cm2: _____

Calculated Optical Density (OD) for protective eye-wear and laser danger sign: _____

Calculated diffuse Nominal Hazard Zone (NHZ) in meters: _____

Calculated intrabeam Nominal Optical Hazard Distance (NOHD) in meters: _____

Standard Operating Procedures

Are standard operating procedures for the device(s) available? Yes or No

Authorized Laser Users Information

Name	Laser Safety Training Date	SOP read and signed	Name	Laser Safety Training Date	SOP read and signed

I certify that the information provided above is true and correct.

Principal Investigator: _____ **Date:** _____

EHS Radiation Safety: _____ **Date:** _____

Email completed form to: brian.butkus@ucf.edu and paul.yocom@ucf.edu