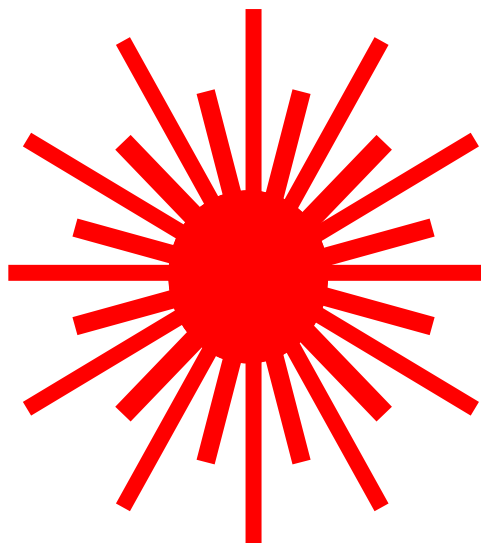




# DANGER

**Visible and/or Invisible Laser Radiation -  
Avoid Direct Exposure to Beam**

**Eye Protection Required**



Laser Type(s)

Wavelength(s) Required OD

**Class 3B**

Organization Laser Safety Officer \_\_\_\_\_ Ext. \_\_\_\_\_