

**Desert Research Institute
Laser Equipment Survey Form**

Laser Custodian

Division: _____ Date: _____

Dept. Name: _____

Supervisor: _____ Supervisor Phone: _____

Laser location (building, room, lab, etc.): _____

Laser Parameters

Laser Type (HeNe, CO2, etc.): _____ Manufacturer: _____

Model Number: _____ Serial Number: _____ Wavelength(s) nm: _____

Laser Class: (I, II, IIIa, IIIb, IV) _____ Embedded Laser Class (if applicable): _____

Beam diameter: _____ milliradians Beam Divergence: _____ milliradians

Continuous Wave: beam power _____ milliwatts

Pulsed: energy _____ Joules per pulse pulse repetition frequency _____ Hertz

Q-switched: energy _____ Joules per pulse

Laser Use

Describe Laser Use: _____

____ Check here if laser is in storage or currently not in use

Approximate number of employees using laser: _____

Estimate approximate use time: _____ (hr/day, hrs/wk, etc.) and

Frequency of use _____ (1x/dy, 10 x/wk, etc.)

Safety Precautions

Do you have adequate protective eyewear for this laser? Yes No

If no, explain why no eyewear is needed.

Warning sign accurate for laser type? Yes No

Warning light(s) function properly? Yes No

Entry protection/secondary controls in use? Yes No

Other: _____