The University of Toledo Laser Inventory Form

Please complete a separate form for each laser (excluding laser printers, pointers, bar code readers).

Principal Investigator	Office Phone	Department

Date:	

Laser Manufacturer	*Model*	*Type (Pulsed or CW)*	*Description (ie; He-Ne,ND: YAG)*	*Serial Number*

If Pulsed, Duration:	

Is laser operable? ☐YES ☐NO

If no, is laser posted with a DO NOT USE SIGN and a LOCKOUT DEVICE? ☐YES ☐NO

Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)
Wavelength:	☐µm ☐nm (check one)	Max. Beam Power/Energy:	☐mW ☐mJ (check one)

Hazard class of laser as indicated by manufacturer:	Has laser been modified and the hazard class changed?
☐1 ☐2a ☐2 ☐3a ☐3b ☐4 ☐Unknown	☐Yes ☐No ☐Don‘t Know

Laser Location:	Bldg:	Room #:

Lab. Phone:	

Send or e-mail copy of completed form to: Laser Safety Officer
Safety and Health Department