



LASER Instrument Registration Form

STEP 1 – LOCATION INFORMATION



Building Name: _____

Room Number: _____

(sub-rooms addressed separately) _____

Number of doors leading to the space: _____

Is there existing signage indicating a LASER is present? _____

STEP 2 – UNIT DESCRIPTION

Parameter	Description/Additional Information
Is this a commercial unit?	
Manufacturer	
Model	
Serial Number	
Class*	IIIb or IV (please indicate)
Wattage	
Wavelength Range (nm)	
Is the beam Enclosed or Open?	Yes No Partial (Please indicate)
If Open or Partial, what control measures are in place to prevent exposure?	
Continuous Wave	Yes or No (please indicate)
Check	Normal Pulse Long Pulse Q Pulsing (Mirror or Shutter)
*registration is not required for other Classes	



STEP 3 – EMERGENCY CONTACT INFORMATION

	Principal Investigator	Secondary Knowledgeable Lab Member
Name		
Position		
Office Phone #		
Emergency Phone #		
Email		

1. When filling out the Emergency Contact Information section, ensure that you have the express permission of the Principal Investigator and the Responsible Individual to collect their information for this purpose.
2. Personal information on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will only be disclosed as authorized under that Act. For more information about the collection of this personal information, please contact Janet Hankins, janet.hankins@ubc.ca, or 604-822-4353.

STEP 4 – SUBMISSION

Once completed, please send to hse.ok@ubc.ca. All information collected will be kept secure and provided only to First Responders on a need to know basis. You may be contacted about establishing or updating your Laboratory Hazard Signage if the information you have provided differs from what we currently have recorded for your space.