

**APPENDIX B**

**WILLIAMS COLLEGE  
APPLICATION FOR REGISTRATION OF LASER SYSTEMS**

Complete Section I and forward to the Laser Safety Officer (LSO).

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Section I

A. Identification of person or department who will supervise use of Laser equipment:

Name \_\_\_\_\_ Department \_\_\_\_\_ Tel. No. \_\_\_\_\_

B. Location of laser system: Room \_\_\_\_\_

C. General conditions relating to the application:

1. The supervisor is responsible for ensuring that the laser system is used in the manner specified by the Laser Safety Program. There shall be no changes in approved procedures without the prior approval of the Laser Safety Subcommittee. LSO shall be notified prior to a change in place of use of the equipment.
2. Routine operation of this equipment may not begin until LSO has been notified and has conducted a thorough survey and given approval for operation. Additional surveys will be made by RPO at intervals not to exceed 12 months.
3. All personnel shall be appropriately trained by the supervisor before working with this equipment.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

D. Laser Information

Laser System Serial/ID # \_\_\_\_\_ Safety Class \_\_\_\_\_ Laser Media \_\_\_\_\_

Wavelength(s) \_\_\_\_\_ Power/Energy \_\_\_\_\_ Mode of Operation \_\_\_\_\_

Location \_\_\_\_\_ Purpose of Use \_\_\_\_\_

Notes: Laser Media - indicate media utilized, i.e., HeNe, CO<sub>2</sub>, Yag, Ruby, Glass, Liquid (type), Argon.

Power/Energy Level - output power in watts. Output energy in Joules per pulse.

Mode of Operation - indicate all modes in which the system is used. [CW (continuous wave), NP (normal pulse, millisecond range), PRF (pulse repetition rate), Q-S (Q-Switched, microseconds)]

Safety Classification - Class 1, 2, 3a, 3b, or 4 as indicated by manufacturer.

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Section II This section is to be completed by the Laser Safety Officer.

A. Hazard Control Recommendations:

B. Date(s) of Laser Inspections:

C. Additional comments:

D. LSO Signature \_\_\_\_\_ Date: \_\_\_\_\_