

**UNIVERSITY OF NEVADA, LAS VEGAS
RADIOLOGICAL SAFETY OFFICE
4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
Phone (702) 895-4226 FAX (702) 895-4690**

Laser System Registration

Laser User Name: _____ Date: _____
 Department: _____ Location of Laser System: _____
 Contact Information: _____

1. LASER SYSTEM INFORMATION:

Laser Type: _____ Laser Class: _____ Laser Make: _____
 Laser Model: _____ Laser Serial Number: _____
 Wavelength, nm: _____ Output power (max/used): _____ W or J (circle one)
 Beam Diameter at Aperture, mm: _____ Beam Divergence, mrad: _____
 Output type: CW Pulsed Pulse Duration, sec: _____ Pulse Frequency, Hz: _____
 Laser Q-Switched/Mode locked (circle one): YES NO
 Laser beam (circle one): ENCLOSED OPEN BEAM
 Laser status (circle one): ACTIVE INACTIVE

2. INTRABEAM:

Gaussian Criteria (circle one): $1/e$ $1/e^2$
 Beam Shape (circle one): Circular Elliptical Rectangular Square
 Major Axis Dimension, mm: _____ Major Axis Divergence, mrad: _____
 Minor Axis Dimension, mm: _____ Minor Axis Divergence, mrad: _____

3. LENS ON LASER:

Lens Focal Length, mm: _____ Beam size at Length, mm: _____
 Optics Compensation (circle one): Positive Negative

4. DIFFUSE REFLECTION:

Beam size on Diffuser, mm: _____ Diffuser-Observer Distance, m: _____
 Viewing Angel off Normal, degree: _____ Reflection Coefficient, % : _____

5. FIBER OPTICS:

Fiber Optics Mode (circle one): Single Multi
 Mode Field Diameter μm : _____ Numerical Aperture: _____

6. KNOWN RANGE: Small Source Range, m: _____