



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UOW SAFE@WORK

LASER EQUIPMENT REGISTRATION FORM

REFERENCE: [Laser Safety Guidelines](#)

This form may be used to register new laser equipment at the University or periodically to complete a stocktake of laser equipment. Please complete this form and return to whs-admin@uow.edu.au.

SECTION 1: Responsible Person for Laser	
Name:	Position:
Email:	Phone:
Faculty/Division:	School/Unit:
Date inventory completed: / /	
*Local Laser Safety Supervisor (LSS):	

** One LSS per Faculty or School to be main contact for WHS Unit, may be same as Responsible Person*

SECTION 2: Laser Details		
Building:	Room:	Room Description:
Class: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2M <input type="checkbox"/> Class 3R <input type="checkbox"/> *Class 3B <input type="checkbox"/> *Class 4 <i>* Note: Both Class 3B and Class 4 Lasers require users to receive an eye examination at the commencement & termination of work.</i>		
Type: <input type="checkbox"/> Solid-state laser <input type="checkbox"/> Gas laser <input type="checkbox"/> Liquid laser <input type="checkbox"/> Semiconductor laser		
Wavelength:	CW/Pulsed:	
Beam Colour:	Beam Spread:	
Power/Energy:	NOHD/NSHD:	
Manufacturer:	Make:	
Model:	Serial Number:	
Other details:		

SECTION 3: Repair/Maintenance Details

Class: Class 1 Class 1 Class 2 Class 2M Class 3R Class 3B Class 4
(Laser class can change if the beam becomes visible during repair/maintenance)

Repair/maintenance is undertaken: ^On-site at the University Removed from University site
^Please complete below if repair/maintenance is undertaken on-site at the University

Wavelength:

CW/Pulsed:

Beam Colour:

Beam Spread:

Power/Energy:

NOHD/NSHD:

Other details:

WHS Unit Only

Date inventory form saved to RMS: / /

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