

Washington University in St. Louis
Radiation Safety Office
LASER Inventory Survey

Department/Division: _____

Department/Division Contact: _____

Provide the following information for each class 3b and class 4 LASER.

Contact Name: _____ Phone Number: _____

Email: _____ Fax number: _____

Location of LASER: Building _____ Room number _____

Brief Description of LASER:

LASER Type: (Argon, Neodymium:YAG, CO₂, etc.) _____

Classification: (3b or 4) _____ Wavelength: (0.514, etc.) _____ μm

Power Output: (mW, W) _____

LASER Manufacturer: _____

Model: _____ Serial Number: _____

Brief Description of LASER Use: _____

Please make extra copies of this form as necessary.

Return completed forms to Dan Szatkowski, Campus Box 8053, or fax 362-2989, or email to szatkowd@wustl.edu.