# LASER SOP FORM

## A. Laser Safety Contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Name</th>
<th>Phone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser Supervisor:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Laser User</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EHS / LSO</td>
<td></td>
<td>704-687-1111</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>Campus Police</td>
<td>704-687-2200 or 911</td>
<td></td>
</tr>
</tbody>
</table>

## B. Laser / Laser System Parameters (from Laser Registration)

<table>
<thead>
<tr>
<th>Laser Manufacturer</th>
<th>Model</th>
<th>Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser Type (CW, Pulsed, qSwitched)</td>
<td>Beam Diameter (mm)</td>
<td>Beam Divergence (mrad)</td>
</tr>
<tr>
<td>Wavelength(s):</td>
<td></td>
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<tr>
<td>Max. Beam Power/Energy:</td>
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<tr>
<td>Repetition Rate (Hz):</td>
<td>Radiant Energy (J/pulse):</td>
<td></td>
</tr>
<tr>
<td>Pulse Width:</td>
<td>Medium (Argon, Nd:YAG, ETC.):</td>
<td></td>
</tr>
<tr>
<td>Hazard class of laser as indicated by manufacturer:</td>
<td>Has laser been modified and hazard class changed?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2a</td>
</tr>
<tr>
<td>___ Yes ___ No ___ Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laser Location/Building:</th>
<th>Room #:</th>
<th>Lab Phone #:</th>
</tr>
</thead>
</table>

## C. Brief Description of laser use

## D. Laser Alignment / Setup Procedure (Description)