

**THE UNIVERSITY OF MISSISSIPPI  
DEPARTMENT OF HEALTH & SAFETY  
915-5433**

**LASER INVENTORY FORM**

**Laser device description:** (power, type, manufacturer, etc.)

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**Intended Use:** \_\_\_\_\_

**Location**

**Building/Room:** \_\_\_\_\_

**Principle Investigator:** \_\_\_\_\_

**Operator(s) Name(s):** \_\_\_\_\_

**Laser Features**

**Registration Date:** \_\_\_\_\_ **Maintenance Date:** \_\_\_\_\_

**Laser Class:** \_\_\_\_\_ **Mode:** \_\_\_\_\_ **Divergence:** \_\_\_\_\_

**External Optical Device:** \_\_\_\_\_

**Wavelength:** \_\_\_\_\_ **Beam Diameter:** \_\_\_\_\_ **Energy Pulse:** \_\_\_\_\_

**Pulse Duration:** \_\_\_\_\_ **Pulse Repetition Rate:** \_\_\_\_\_

**Viewing Aid Power:** \_\_\_\_\_ **Object Lens Diameter:** \_\_\_\_\_

**Comments:**

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Principle Investigator      Date

\_\_\_\_\_  
LSO      Date