THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Non-therapeutic Laser Registration Form

SCHOOL INFORMATION			
School/Faculty		Laser contact person	
Phone/email		*Registration number	
Position/Title		*Registration date	

*For RPC use only

LASER INFORMATION

Please list all Class 3, 3B, and 4 non-therapeutic lasers to be used. Attach additional forms as necessary. All registration forms must be submitted to the RPC and local LSO or RPC and HSW Lead/Manager/Coordinator (if no LSO).

#	Location/bldg-room	Manufacture	Model	Serial #	Class	Laser type	Wavelength (nm)	Operation mode	Frequency (Hz)	Status	Comment
1					-	-		-		-	
2					-	-		-		-	
3					-	-		-		-	
4					-	-		-		-	
5					-	-		-		-	
6					-	-		-		-	
7					-	-		-		-	
8					-	-		-		-	
9					-	-		-		-	
10					-	-		-		-	
11					-	-		-		-	
12					-	-		-		-	
13					-	-		-		-	
14					-	-		-		-	
15					-	-		-		-	