

## Appendix 2

University of Hong Kong  
Safety office  
Registration of High-power Laser (Class 3B or 4)

Please complete one form for each Class 3B or 4 laser and submit to the Safety Office.

### Person responsible:

Name of principal Investigator: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Department: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of Laboratory contact: \_\_\_\_\_

Phone no.: \_\_\_\_\_ e-mail: \_\_\_\_\_ Number of laser users: \_\_\_\_\_

### Details of the laser equipment:

Location of laser: Building: \_\_\_\_\_ Room no.: \_\_\_\_\_

Description of equipment: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Supplier: \_\_\_\_\_

Model: \_\_\_\_\_ Serial number: \_\_\_\_\_

Date of manufacture/Purchase: \_\_\_\_\_

Laser classification marked on laser: Class 3B , Class 4 , none

Type of Lasing medium: \_\_\_\_\_ Output power: \_\_\_\_\_

Beam diameter at aperture: \_\_\_\_\_ (mm) Beam Divergence: \_\_\_\_\_

	<input type="checkbox"/> Continuous Wave	<input type="checkbox"/> Pulsed		
Wavelength	Maximum Power/Energy	Pulse Duration	Pulse frequency	Energy per pulse

Usage of the laser (please briefly describe):

\_\_\_\_\_  
\_\_\_\_\_

Will operation of this laser generate hazardous vapour/fumes: Yes  / No

Signature of person responsible: \_\_\_\_\_ Date: \_\_\_\_\_

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