

MARSHALL SPACE FLIGHT CENTER LASER REGISTRATION

Date: _____

Name of Responsible Person:	Org. Code:	Phone No.:	Bldg No.:	Room No.:
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LASER DESCRIPTION

Manufacturer:	Model No.:	Serial No.:	MSFC No.:
Power of Energy Output:	Beam Wavelength:	CW or Pulsed:	Beam Diameter:
Laser Class: ANSI Z136.1 - 2000; 3.3		Type of Laser:	

Location of Laser: Building: _____ Room: _____

Optical Goggles? ANSI Z136.1 - 4.6.2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer:	Model:
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Optical Density:	Wavelength:
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Yes No

- (1) Is shielding required? ANSI Z136.1 - 2000; 4.0 - 4.7
- (2) Are interlocks operable (if applicable)? ANSI Z136.1 - 2000; 4.0 - 4.7
- (3) Have reflective surfaces been minimized? ANSI Z136.1 - 2000; 4.0 - 4.7
- (4) Are warning signs posted? (If applicable, Class 3a and higher) ANSI Z136.1-2000; 4.0-4.7
- (5) Are alignment procedures in place? ANSI Z136.1-2000; 4.4.5
- (6) Are users trained in laser safety? ANSI Z136.1-2000; 5.3.2

PERSONNEL WHO USE LASERS OR LASER SYSTEMS

Full Name	Organization	Phone