

Laser Use Registration Renewal

Environmental Health & Safety

Return to Karen Smith ksmith23@ucmerced.edu

LUR No.: _____	Date: _____
Principal Investigator's name: _____	
There are no changes to my current LUR	(Skip the sections below and return form)
Please make changes to my current LUR	(Fill out changes in the section below)

Operational Status Change:	Operational	Transfer	Non-operational
Laser has been transferred to:			
UCM department:		Phone number:	
Laser location:		E-mail address:	
Contact person:		Phone number:	

Please add/remove the following Laser Users:					
	Add	Remove		Add	Remove
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Please add the following laser:						
Laser Specifications and Characteristics:		Manufactured	On-loan	Built In-House	Modified	
Laser Classification:	Make:	Model:	Serial No.:			
LASER TYPE: (Argon, Ruby, etc.)		Pulsed		Continuous Wave		
Wavelength (s):		nm		nm		
LASER OUTPUT	Power or Energy	J/pulse		milli(max) W		
	Irradiance	W/cm ²		milli W/ cm ²		
	Pulse Repetition Frequency	Hz				
	Pulse Duration	Sec				
Beam Diameter:		nm		Beam Divergence:		milliradians

Description of Laser Use:	
Detailed description of Laser Use (include Schematic Diagram), attach additional files/pages if needed.	