Florida Department of Health Bureau of Radiation Control

LASER DEVICE REGISTRATION FORM

(PLEASE SUBMIT A SEPARATE FORM FOR EACH SEPARATE LOCATION)

| NAME OF REGISTRANT: | | PHONE <u>() -</u> | EXT |
|-------------------------------------------------------------------|----|--------------------|---------------|
| STREET: | | STATEZIP | COUNTY |
| ADDRESS OF LASER DEVICES (IF DIFFERENT FROM ABOV | E) | | |
| STREET: | | STATEZIP | COUNTY |
| NAME OF LASER SAFETY OFFICER: | | PHONE_() | EXT |
| STREET: | | STATEZIP | COUNTY |
| THESE LASERS PART OF A FIXED FACILITY OR ARE THESE MOBILE LASERS? | | FIXED FACILITY | MOBILE LASERS |

DESCRIPTION OF LASER DEVICES AT THIS LOCATION

| MEDIUM (Argon, CO ₂ , Nd:YAG, etc.) | CLASS (IIIB or IV) | TYPE (CW or Pulsed) | WAVE LENGTHs (nm) | MAXIMUM OUTPUT (Watts or Joules) | MANUFACTURER | MODEL | SERIAL | USE (Medical, Construction, Industrial, Research, Entertainment, or Other) |
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| SIGNATURE OF REGISTRANT: | | | п | ATE: | REGI | FOR OFFICE USE ONLY | | |
| NAME & TITLE : | | | | | EVALUATOR: | | | |

DH Form 1605, 6/06