

## The George Washington University Laser Safety Inventory Form

### Departmental Information...

|                         |                      |
|-------------------------|----------------------|
| Faculty Member:         | Department:          |
| Campus Address:         | Campus Phone Number: |
| Faculty E-mail Address: | Assigned DLSO:       |

### Laser Information...

|                                 |                                    |
|---------------------------------|------------------------------------|
| Manufacturer/Model/Serial #:    | Laser Classification:              |
| Building and Room Number:       | Continuous Wave or Pulse Duration: |
| HndY`cZ9ei ]da Ybhif]ZUdd]WU`YŁ | Wavelength and Maximum Power:      |

### I gU] Y`bZ`fa U]cbÅ

|   |
|---|
| <Ug`h Y`UgYf]g`VYUa `cf`dUH `VYyb`U`hYfYX`]b`Ubrik Urifk\ c`dYfZ`fa g`U]] ba YbH3                     |
| Is there significant exposure to the open beam?   |
| 5fY`h Y]bhYf`cW`g`cf`gl ]Y`X]b[ `cf]] ]bU`lc`h Y`UgYf`gngH`a 3  |
| 5fY`h YfY`Ubmich Yf`V`bWf]bg`k ]h`h Y`gngH`a 3`f@ 57gZ`V`ta dfYggYX`[ UgZ`bc]gYZ`Y`Wwf]Wg\ cW`Z`YH`WŁ |
|   |
|   |

Please return to:

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