

# The George Washington University Laser Safety Acquisition Form

## Departmental Information...

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

## Laser Information...

Manufacturer/Model:	Laser Classification:
Building and Room Number:	Continuous Wave or Pulse Duration:
Type of Equipment (if applicable):	Wavelength and Maximum Power:
Manufacturer/Model:	Laser Classification:
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Building and Room Number:	Continuous Wave or Pulse Duration:
Type of Equipment (if applicable):	Wavelength and Maximum Power:

## Usage Information...

Has the laser's beam or path been altered in any way (who performs alignment)?
Is there significant exposure to the open beam?
Are the interlocks or shielding original to the laser system?
Are there any other concerns with the system? (LGACs, compressed gas, noise, electric shock, etc.)

Please return to:

**The Office of Laboratory Safety**  
 Ross Hall 627  
 ATTN: Dan Hibbing, LSO  
[rsodjh@gwumc.edu](mailto:rsodjh@gwumc.edu) (202) 994- 2630