

Laser Modification/Fabrication Form

Section 1: Owner Information

Principal Investigator:	
Department:	
Office Phone Number:	
Date of Submission:	

Section 2: Original Laser Device Information (if modifying)

Manufacturer:	
Model:	
Serial Number:	
Laser Type (e.g. HeNe):	
Laser Class (3b or 4):	
Pulsed or Continuous Wave	
Max Power/Energy (mW/mJ)	
Wavelength(s) (nm)	

Section 3: Proposed Modifications/Fabrication

Be sure to include anticipated changes to Laser Class, Wavelength, or Inherent Hazards

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Section 4: Justification for Modification/Fabrication

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For EHS Use Only:

Date Reviewed:	
Reviewed By:	
New Dartmouth Laser ID Number:	
Laser Inspection Schedule:	