Safety Examination of Laser Products

Date: _______________

Purchase Details

Buyer Name: __________________________ Department: __________________________
Tel.: _________________________________ Order No.: ____________________________

Laser Specifications

Laser Type: __________________________ Model: __________________________
Wavelength(s): __________________________ Average Power: __________________________
If Pulsed: Pulse width: __________________________ Pulse energy: __________________________
Repetition Rate: __________________________

Protective Eyewear

Have glasses with OD____ for ___________nm

Manufacture/Supplier Details

Manufacture: __________________________ Supplier: __________________________
Supplier Tel: __________________________

Safety Examination Findings

(to be filled by the safety services unit)

☐ The product is equipped with the needed safety means

☐ It is not recommended to buy the product because of the following reasons:

________________________________________________________________________
________________________________________________________________________

Protective Eyewear: ______________________________________________________________

Examinator Name: __________________________ Signature: __________________________