Safety Examination of Laser Products

Purchase Details

Date: ____________

Buyer Name: ________________________________ Tel: _____________________________

Department: ________________________________ Order nm. ______________________

Laser Specifications

Laser Type: _____________________________ Model: ___________________________

Wave length(s): __________________________ Average Power: _________________

If pulsed: Pulse width: ____________________ Pulse energy: _________________

Repition Rate: ____________________________

Protective eyewear

Have glasses with DL/RL/IL/ML_____________ for __________ nm.

Manufacture/Supplier Details

Manufacturer name: ____________________________________________________________________

Supplier name: ___________________________ Supplier Tel: __________________________

Safety Examination Findings *to be filled by the Safety Unit

☐ The product is equipped with the needed safety means.

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

_________________________________________________________________________________

_________________________________________________________________________________

Protective Eyewear: ____________________________________________________________________

Approved by the Laser Safety Officer Name: ________________________________

Signature: ______________________________ Date: __________________

For any assistance please contact us:

laser.safety@weizmann.ac.il Tel: #3988, #2810.