LASER SAFETY EQUIPMENT TRANSFER APPLICATION

Manufacturer: ________________                                Serial Number: ________________
Laser Type: ________________                                Laser Classification: ________________
Maximum Power: _____ W / _____ J                                ☐ Continuous Wave / ☐ Pulsed

Transferred From
(Building and Room Number)

________________________________________________________

________________________________________________________

PI: ________________                                PI: ________________
LUA: ________________                                LUA: ________________
Date: ________________                                Date: ________________
Signature: ________________                                Signature: ________________
Printed Name: ________________                                Printed Name: ________________
Phone Number: ________________                                Phone Number: ________________

(original for UCSD, one copy for each PI)

EH&S Use
Date Entered: ________________

Please send to the Laser Safety Officer at mail code 0920 or fax to 858-534-7982.