

UNIVERSITY OF NEVADA, LAS VEGAS  
RADIOLOGICAL SAFETY OFFICE  
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Laser Facility Inspection

Rev. 01/15/10

Surveyor: \_\_\_\_\_ Date of Inspection \_\_\_\_\_  
Location of Laser \_\_\_\_\_ PI: \_\_\_\_\_  
Contact during survey: \_\_\_\_\_

1. Laser System(s) information:

Laser type \_\_\_\_\_ Laser class: \_\_\_\_\_ Laser make: \_\_\_\_\_  
Laser mode \_\_\_\_\_ Laser serial \_\_\_\_\_  
Wavelength: \_\_\_\_\_ nm Out put power (max/~~avg~~): \_\_\_\_\_ / \_\_\_\_\_ W or J (indicate one)  
Output type: CW Pulsed (pulse duration) \_\_\_\_\_ pulse frequency \_\_\_\_\_ Hz  
Laser status (indicate one): active, inactive Laser beam (