**Laboratory Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| PI Name: |  | PI UT EID: |  |
| PI Email: |  | Office Bldg: |  |
| PI Phone: |  | Office Room: |  |

**Laser Safety Supervisor Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| LSS Name: |  | LSS UT EID: |  |
| LSS Email: |  | Office Bldg: |  |
| LSS Phone: |  | Office Room: |  |

**Laser Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make: | Model: | Serial Number: | Type: | Class: |
|  |  |  |  | Choose an item. |
| Operating λ (nm): | Range λ (nm): | Beam Diameter at aperature (mm): | Beam Divergence (mrad): | Mode of Operation: |
|  |  |  |  | Choose an item. |

\*Note: If the laser being transferred is not currently registered with EHS, the PI will need to submit a completed Laser Registration Form (EHS-LAS-F-003) before the transfer can be approved. A hazard analysis must be completed to ensure all applicable safety control measures are in place prior to use/transfer.

**Transfer Information:**

|  |  |
| --- | --- |
| Current Address: | New Address: |
|  |  |
| Date of Relocation: | Duration of Relocation: |
|  |  |
| New Location Contact Name: | Contact Phone: | Contact Email: |
|  |  |  |

**Submission Information:**

|  |  |  |
| --- | --- | --- |
| Submitted By (Name): | UT EID: | Date: |
|  |  |  |