## **Laser Transfer Form**

## **Section 1: Current Owner Information**

Section 1. Current Owner Information	
Principal Investigator:	
Department:	
Hinman Box:	
Office Phone Number:	
Intended Date of Transfer:	
Section 2: New Owner Information	
Principal Investigator:	
Department:	
Hinman Box:	
Office Phone Number:	
New Laser Location: (Building/Room Number)	
Laser Training Manager:	
Emergency Phone Number:	
Section 3: Laser Device Information	
Dartmouth Laser ID Number:	
Manufacturer:	
Model:	
Serial Number:	
Laser Type (e.g. HeNe):	
Laser Class (3b or 4):	
Pulsed or Continuous Wave	
Max Power/Energy (mW/mJ)	
Wavelength(s) (nm)	
For EHS Use Only:	
Date Reviewed:	
Reviewed By:	
New Dartmouth Laser ID Number:	
Laser Inspection Schedule:	