



**Warning  
Laser  
hazard**



**No  
unauthorised  
persons  
allowed  
beyond this  
point**



**No food  
or drink  
beyond this  
point**



**Eye protection  
must be worn**

**Academic:**  **Office:**  **Phone number:**

**Authorised personnel:**

Name	<input type="text"/>	Office:	<input type="text"/>	Phone number:	<input type="text"/>
Name	<input type="text"/>	Office:	<input type="text"/>	Phone number:	<input type="text"/>
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Name	<input type="text"/>	Office:	<input type="text"/>	Phone number:	<input type="text"/>

**LASER LIST**

Make/designation	<input type="text"/>
Laser Class	<input type="text"/>
Laser type (pulsed/CW)	<input type="text"/>
Wavelength	<input type="text"/>
Maximum power/energy	<input type="text"/>

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