



LASER REGISTRATION APPLICATION

(Only Class 3b and Class 4 need be Registered)

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM

www.mass.gov/dph/rcp

SEND APPLICATIONS TO:

Schrafft Center, Suite 1M2A

529 Main Street, Charlestown, MA 02129

Phone: (617)-242-3035 Fax: (617) 242-3457

Email: RadiationControl@state.ma.us

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | NEW |
| <input type="checkbox"/> | AMENDMENT |
| <input type="checkbox"/> | RENEWAL |
| <input type="checkbox"/> | DEMONSTRATION |

If Applicable, Laser Registration Number: _____

<p style="text-align: center;"><u>MAILING ADDRESS</u></p> <p>Legal Name of Business / Facility / Individual: _____</p> <p>Mailing Address: _____</p> <p>City, State & Zip: _____</p>	<p style="text-align: center;"><u>LASER LOCATION (if different than Mailing Address)</u></p> <p>(NOTE: Submit separate application for each additional <u>laser location</u>)</p> <p>Physical Address: _____</p> <p>City, State & Zip: _____</p> <p>Phone: _____</p> <p>Date(s) of Use: _____ (Out-of-State Only)</p>								
<p style="text-align: center;"><u>REGISTRATION CONTACT PERSON</u></p> <p>Contact Person: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p style="text-align: center;"><u>LASER SAFETY OFFICER*</u></p> <p>LSO Name: _____</p> <p>Address: _____</p> <p>(if different than above) _____</p> <p>City, State & Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>								
<p style="text-align: center;"><u>NATURE of LASER USE (i.e., facility type)</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Medical/Dental</td> <td><input type="checkbox"/> Manufacturer (i.e., make & sell lasers)</td> </tr> <tr> <td><input type="checkbox"/> Veterinary</td> <td><input type="checkbox"/> Industrial (i.e., non-medical use)</td> </tr> <tr> <td><input type="checkbox"/> Academic</td> <td><input type="checkbox"/> Entertainment (e.g., laser light show)**</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dealer / Distributor (i.e., sell lasers)</td> </tr> </table>	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Manufacturer (i.e., make & sell lasers)	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Industrial (i.e., non-medical use)	<input type="checkbox"/> Academic	<input type="checkbox"/> Entertainment (e.g., laser light show)**		<input type="checkbox"/> Dealer / Distributor (i.e., sell lasers)	
<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Manufacturer (i.e., make & sell lasers)								
<input type="checkbox"/> Veterinary	<input type="checkbox"/> Industrial (i.e., non-medical use)								
<input type="checkbox"/> Academic	<input type="checkbox"/> Entertainment (e.g., laser light show)**								
	<input type="checkbox"/> Dealer / Distributor (i.e., sell lasers)								

* Submit LSO qualifications to include education, training, and/or experience for new registrations or LSO change.

** A copy of your valid FDA and/or FAA variance must be submitted with this application.

Safety Procedures: By checking the boxes below, you agree that you will abide by the required safety procedures at each facility. Each box **must** be checked or the application will be considered incomplete.

Refer to applicable volumes in ANSI Z136 for proper guidance.

- Use of proper protective eyewear.
- Proper signage, labeling, posting, and barriers.
- Operating and safety procedures and operator's manual readily available.

Required for Medical Use Lasers: As a licensed practitioner of the healing arts, I do hereby affirm that I am associated with this applicant and provide supervision to non-board approved practitioners⁺ administering laser radiation to human beings. I understand a practitioner's use of a laser is limited to his/her scope of professional practice as determined by the appropriate licensing board.

Signature of Licensed Practitioner***

Massachusetts License No.

Massachusetts State Board Name
(e.g., Board of Registration in
Medicine, or "BORIM")

Date

Typed or Printed Name

*** The signature of the administrator, President, Chief Executive Officer (CEO) will be accepted in lieu of a licensed practitioner's signature if the facility is a licensed hospital or medical facility with more than one licensed practitioner who may direct the operation of radiation machines.

Laser Safety Officer: I hereby accept the responsibilities of Laser Safety Officer as outlined in 105 Code of Massachusetts Regulations §121.000. (Submit qualifications to include education, training, and/or experience for new registrations or LSO change.)

Signature of Laser Safety Officer

Typed or Printed Name

Date

Certification: I certify that I have read and understand the applicable rules and regulations, and agree to comply with them. I understand that it is a violation of Massachusetts laws to submit any false or fraudulent information or documents in order to obtain a registration. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of applicant or person duly
authorized to act on behalf of applicant
(e.g., President, CEO, Partner, Owner, etc.)

Typed or Printed Name

Date

⁺ Non-board approved practitioners are those whose 'scope of practice', per their respective 'board of registration', does not include the use of lasers.

INVENTORY of CLASS 3B and 4 LASERS

#	Manufacturer	Model	Class (3B or 4)	Serial Number	Mode ¹	Medium ²	Use ³
1							
2							
3							
4							
5							
6							
7							

^{1,2,3} Please refer to the supplement for 'Mode', 'Medium', and 'Use' when filling out the Class 3B and 4 inventory table

INVENTORY CONTINUED (i.e., Operating Parameters)

#	Max. Wavelength (nm)	Tunable (Y/N)	Beam Diameter (mm) [#]	Beam Divergence (mrad) [#]	Max. Pulse Repetition Freq. (Hz) [#]	Min. Pulse Duration(s) [#]	Max. Joules per Pulse [#]	Average Pulsed Power (mW or mJ)	Continuous Wave Max. Power (mW)
1									
2									
3									
4									
5									
6									
7									

[#] Optional information to be submitted

Supplementary information for INVENTORY table

1 – Mode	2 - Medium	2 – Medium (cont.)	2 – Medium (cont.)	2 – Medium (cont.)
Continuous Wave	Agil	DPSS – Nd:YAG	InGaAs	Sm:YAG
Cont. Wave & Pulsed	Air	DPSS – Nd:YVO4	InGaAsP	Sr
Pulsed	Alexandrite	DPSS – Ruby	InGaN	Stilbene
Pulsed - Mode-Locking	AlGaAs	Dy:YAG	InP	Tb:YAG
Pulsed - Q-Switch	AlGaInP	Er:Codoped Glass	Iodine	Tetracene
Pulsed - Scanning	Aluminum Free DPSS	Er:Fiber	KrF Excimer	Ti:Sapphire
	Ar/Kr	Er:YAG	Krypton	Tm:Fiber
3 - Use	ArF Excimer	Er:YLF	Lead Salt	Tm:YAG
Educational	Argon	ErYb:Codoped Glass	Malachite Green	U:CaF2
Entertainment	Au	F-Center	Nd:Fiber	Umbelliferone
Industrial	Ce:LiCAF	Fluorescein	Nd:Glass	VCSEL
Industrial, Manufacturing	Ce:LiSAF	GaAs	Nd:YAG	XeCl Excimer
Industrial, Processing	Ce:YAG	GaN	Nd:YCOB	Xenon
Law Enforcement	Chrysoberyl	GaSb	Nd:YLF	Yb:Fiber
Medical	CO	HeAg	Nd:YVO4	Yb:Glass
Medical, Cosmetic	CO2	HeCd Gas	NdCe:YAG	Yb:YAG
Medical, Dental	COIL	HeCd metal vapor	NdCr:YAG	Yb2O3
Medical, Educational	Copper Vapor	HeHg	NeCu	
Medical, Eye	Coumarin	Helium	Nitrogen	
Optical Fiber Communications	Cr:YAG	HeNe	Oxygen	
Research & Development	Cr:ZnSe	HeSe	Pm147:Glass	
Veterinary	Cu	HF	Quantum Cascade	
Welding	DF	Ho:YAG	Rhodamine	
	Diode	HoCrTm:YAG	Ruby	
	Diode-Pumped Solid State (DPSS)	Hybrid Silicon	Sm:CaF2	