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| --- | --- | --- | --- | --- | --- |
| **H:\MA_seal_crop.png** | 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](http://www.mass.gov/dph/rcp) | | | **SEND APPLICATIONS TO:**  **Email:** [**Gail.Voislow@mass.gov**](mailto:Gail.Voislow@mass.gov) | □ NEW  □ AMENDMENT  □ RENEWAL  □ DEMONSTRATION |
| **If Applicable, Laser Registration Number:** | | | | | |
| **MAILING ADDRESS**  Legal Name of Business / Facility / Individual:    Mailing Address:  City, State & Zip: | | | **LASER LOCATION (if different than Mailing Address)**  (NOTE: Submit separate application for each additional laser location)  Physical Address:    City, State & Zip:  Phone:  Date(s) of Use:  (Out-of-State Only) | | |
| **REGISTRATION CONTACT PERSON**  Contact Person:  Phone:  Fax:  Email: | | |
| **LASER SAFETY OFFICER\***  LSO Name:  Address:  (if different than above)  City, State & Zip:  Phone:  Fax:  Email: | | |
| **NATURE of LASER USE (i.e., facility type)** | | |
| □ **Medical/Dental**  □ **Veterinary**  □ **Academic** | | □ **Manufacturer (i.e., make & sell lasers)**  □ **Industrial (i.e., non-medical use)**  □ **Entertainment (e.g., laser light show)**\*\*  □ **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.

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| **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.  □ Use of proper protective eyewear.  Refer to applicable volumes in  ANSI Z136 for proper guidance.  □ 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 Date  (e.g., Board of Registration in  Medicine, or “BORIM”)    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 laser safety officer training certificate 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 Typed or Printed Name Date  authorized to act on behalf of applicant  (e.g., President, CEO, Partner, Owner, etc.) |

**+** 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 |  | AlGalnP | 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 |  |
|  |  |  |  |  |  |