



To the
Directorate IV Real Estate Management
IVA Safety and Environmental Protection
Dita Mönkehues
Technical University of Darmstadt

By: Institute/Facility:

Notification form for laser systems:

Facility (department/institute, etc.): _____

Manager: _____

Laser protection officer: _____

Laser type: _____

Manufacturer: _____

Year of manufacture: _____

Wavelength (nm) _____

Pulse duration (if applicable): _____

Power: _____

Laser class: _____

Location: _____

Intended use: _____

Date, signature laser protection officer(s)

Date, signature of manager