



UC San Diego

ENVIRONMENT, HEALTH AND SAFETY

Laser Equipment Transfer Form

Date: _____

From:

Principal Investigator: _____

LUA Number: _____

Lab Manager: _____

Phone: _____

Lab Manager Email: _____

To:

Principal Investigator: _____

LUA Number: _____

Lab Manager: _____

Phone: _____

Lab Manager Email: _____

Lasers

Note: to add lasers, use the [Laser Equipment Registration](#) from.

To transfer lasers, list below:

Manufacturer	Model	Serial Number

Please save and submit all completed documents as an attachment to the [Laser Safety Officer](#).