

SURPLUS OR TRANSFER FORM



The status of all Class 3B and Class 4 lasers must be known by the Office of Research Safety. Please complete this form for each laser that is being surplused or transferred and submit to: radiation-safety@uga.edu
Additional guidance: Chapter 9 of the Laser Safety Manual.

SECTION A: REGIS	TRATION INFORMATION		
Principal Investigator:		Department:	
Office Phone No:		E-mail address:	
Laser Manufacturer:		Model Number:	
Serial Number:		UGA Inventory#	
Building & (Building#):		Room Number:	
SECTION B: SURPL	US INFORMATION		
IMPORTANT: All lasers	must be disabled and non-operat	tional prior to surp	plus
Has the laser been disal operational?	bled so that it is no longer	YES	NO
Has the registered laser been removed from inventory?		YES	NO
Date of inventory remov	al:		
SECTION C: INTERN	IAL TRANSFER INFORMATION		
Is laser being transferred to another individual within UGA?		YES	NO
Transferee Name:		1	
Transferee Department:			
IMPORTANT: If the las Laser Registration For	er is being transferred within UGA m	then recipient m	ust complete a new
SECTION D: EXTER	NAL TRANSFER INFORMATION	I	
Is laser being transferred	d to another individual outside of UG	A? YES	NO
Transferee Name:			
Transferee Organization	1:		
Name of Organization's Safety Officer	Laser		
I			
ADDITIONAL INFORMATION & COMMENTS			
PI Signature:		Date:	
LSO Signature:		Date:	