

APSA / FDA Laser Report Form

Personal Information

Name (First, Last): *

Organization / Company

Email Address: *

Phone Number: *

Incident Details

Date; Time of Incident: *

Any Consequence of Laser Exposure:

Any Medical Treatment and/or Diagnosis:

Laser Information

Laser Model:

(if known)

Laser Manufacturer:

(if known)

Laser Beam Color:

(if known)

Laser Power in Milliwatts (mW):

(if known)

Laser Class:

(if known)

Noted on labeling of laser. Examples are Class I, II, IIa, IIIa, IIIb or IV. Other examples are Class 1, 1M, 2, 2M, 3R, 3B or 4.

* = Required Field

Please scan and email the completed form, along with any attachments to dschwarzbach@publicsafetyaviation.org.