

Request Laser Safety Eyewear, Laser Safety Curtains, Laser Protective Windows



Company _____

Department _____

Contact person _____

Street _____

Country _____

Postcode _____

Town _____

Phone _____

Fax _____

E-Mail _____

Laser safety inspector _____

Laser model and manufacturer (if known):

Manufacturer: _____ Type description: _____

We are more than happy to assist you in selecting the required protective class. All we need is information on the operating parameters of the laser you intend to use.

Your request

- Protection goggles (according to DIN EN 207)
- Goggles pc.: _____
- Laser safety window (according to DIN EN 12254)
- Alignment goggles (according to DIN EN 208) (for 400 nm – 700 nm)
- Laser safety goggles suited for someone who wears glasses pc.: _____
- Laser safety curtain (according to DIN EN 12254)

Please fill out the corresponding column that pertains to the mode of operation of your laser:

<input type="checkbox"/> for PULSED LASER		<input type="checkbox"/> for CW LASER	
Wavelength _____ (nm)		Wavelength _____ (nm)	
Average power _____ (W)		Output power _____ (W)	
Smallest accessible beam diameter (optically) (1/e) _____ (mm)		Smallest accessible beam diameter (optically) (1/e) _____ (mm)	
resp. for fibers ∅ (diameter) _____ (µm)		resp. for fibers ∅ (diameter) _____ (mrad)	
Min. beam divergence (half angle) _____ (mrad)		Min. beam divergence (half angle) _____ (µm)	
resp. NA (numerical aperture) _____		resp. NA (numerical aperture) _____	
Max. single pulse energy _____ (J)			
Max. pulse repetition rate _____ (Hz)			
Min. pulse length _____ (s)			

We use your data exclusively for the purpose of processing this form. For further information, please review our general data protection policy which can be found at: <https://www.lasercomponents.com/de-en/services/service-information/data-protection-agreement/>