Hard Optic Laser Beam Delivery Worksheet

Please provide as much information as possible so we may make the best possible recommendation for your application. For additional information, contact a Haas Laser Technologies Engineer (973) 598-1150

Laser manufacturer ____________________________________________________
Laser model number ____________________________________________________
Laser power ____________________________________________________
Beam divergence ____________________________________________________
M2 ____________________________________________________
BBP ____________________________________________________
Beam delivery layout? How many beam benders, moving axis, etc. Please provide a rough sketch if possible. Include minimum and maximum beam path length. Attach rough drawing or explanation
Desired focused spot size ____________________________________________________
Desired focal length ____________________________________________________
Multiple focus lens configuration ____________________________________________________
CCD vision camera needed ____________________________________________________
Beam splitting/switching/sharing required ____________________________________________________
Crash protection or detection required ____________________________________________________
Laser application (Cutting, welding, drilling, etc.) ____________________________________________________
Capacitive height sensing needed? (cutting only) ____________________________________________________
Assist gas pressure required, Type. ____________________________________________________
Laser duty cycle ____________________________________________________
Z-Axis required ____________________________________________________
Beam rotation or tepanning required ____________________________________________________
Beam polarization required ____________________________________________________
Back reflection protection ____________________________________________________
Beam expansion ____________________________________________________
Spatial filtering required ____________________________________________________
Beam tubes required. Standard/telescopic ____________________________________________________
Maximum size constraints ____________________________________________________
Maximum weight constraints ____________________________________________________
Laser head mounting: (Robotic arm, gantry, etc. ____________________________________________________
Environmental conditions ____________________________________________________
Additional tooling or mounting requirements. ____________________________________________________