

AUTHORIZED LASER USER CERTIFICATION

User Name: _____
(print)
Date of Birth: _____

Investigator Name: _____
(print)

Social Security Number: _____

Description of Laser(s) on which User is certified, include Class and location:

TRAINING CERTIFICATION

I have received training in the use of the laser described above. This training included both general laser safety concepts, included the following topics, and laser-specific training.

- | | |
|-------------------------------|--|
| * Laser Classification | * Safety Requirements and Control Measures |
| * Biological Effects | * Protective Equipment |
| * Medical Surveillance | * Warning Signs and Labels |
| * Associated Non-Beam Hazards | |

Laser-specific safety training included demonstration and observed practice of laser use including:

- * operation and control measures
- * special hazards and precautions
- * safe practices specific to the laser(s)

User Signature: _____ Date of Training: _____

USER CERTIFICATION

_____ is certified to use the laser(s) described above in accordance with the Laser Safe Operating Protocol (if required) and Investigator established laser operating procedures. Laser use is subject to:

- _____ no restrictions
_____ the following restrictions:

Investigator Signature: _____ User Signature: _____

Date of Certification: _____

Certification Expires: _____
(Class 3 and 4 laser users must be recertified every 2 years)

Send a Copy of this Certification to the Radiation Safety Officer