

Laser Safety Training Certification

Name of Principal Investigator: _____
(print) Last First

Name of Laser User: _____
(print) Last First

Dept.: _____ Office: _____ Phone No.: _____

Laser Laboratory Location: _____

I have read and understand the Laser Safety Training Guide and have received any necessary instruction from the Principal Investigator (or his/her designee) in the use of the laser system, associated optics, and laser safety systems. I am aware that I am responsible for following the established safety standards and laboratory SOPs and that I am responsible for my own safety in the laboratory.

Signed _____ Date: _____

Return the completed form to the Laser Safety Officer at M/S PO 140