

UNIVERSITY OF FLORIDA LASER USER STATEMENT OF TRAINING AND EXPERIENCE

(To be completed by ALL personnel who will be working with Class 3B and 4 lasers and laser systems unsupervised)

The following items must be signed off by both the new laser user and the principal investigator:

Laser User: _____

	Initials	
	User	PI
... has read the online " University of Florida Laser Safety Manual "	_____	_____
... has taken and passed the online laser safety training	_____	_____
... has had system specific hands-on training	_____	_____
... has read all relevant standard operating procedures	_____	_____
... has all necessary personal protective equipment	_____	_____

Description of Lasers:

Department: _____	Manufacturer: _____	
Building: _____	Model: _____	
Room: _____	Serial #: _____	Hazard Class: (3B) (4)
Department: _____	Manufacturer: _____	
Building: _____	Model: _____	
Room: _____	Serial #: _____	Hazard Class: (3B) (4)
Department: _____	Manufacturer: _____	
Building: _____	Model: _____	
Room: _____	Serial #: _____	Hazard Class: (3B) (4)

Laser User: _____ Principal Investigator: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Please complete and return to:
Laser Safety Officer
Iso@ehs.ufl.edu