

Laser Operator Safety Training

Name: _____ ID#: _____

PI: _____ Ext: _____

Item:	Complete:	Trainer	Trainer
	(date)	Print Name	Signature
1. Training <ul style="list-style-type: none"> • Coherent Laser Video • Coherent Laser Video Test 	_____ _____	_____	_____
2. Hazards associated with applicable laser device(s). <u>List Applicable devices:</u>	_____	_____	_____
3. Warning and safety devices associated with applicable laser device(s). <u>List Applicable devices:</u>	_____	_____	_____
4. Review operating and safety procedures for the applicable laser device(s). <u>List Applicable devices:</u>	_____	_____	_____
5. Review the emergency procedures for laser incidents. Section V of Laser Safety Manual.	_____	_____	_____

Instructions: Section 1: Completed by PI or Laboratory Supervisor
 Section 2 – 4: Completed by PI or Laboratory Supervisor
 Section 5: Completed by trainee LSM at:
<http://www.fss.txstate.edu/ehsrm/programs/lasers/lsm.html>

Forward completed form to:
 Laser Safety Officer
 Environmental Health, Safety & Risk Management Office
 Smith House
 736 Oscar Smith Street
 245-3616