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Massachusetts Institute of Technology

ENVIRONMENT, HEALTH & SAFETY

Radiation Protection Program

Laser Specific Training Record - EHS00375

Laser Registration Number:

For Work with Class 3B & Class 4 Laser Systems

RESEARCHER/LASER USERS		
Researcher name (last name, first)	Kerberos ID	
Principal Investigator (last name, first)	Kerberos ID	Department/DLC

LIST PROPOSED LASER USE
☐ Check if authorized for all lasers under this registration otherwise list the laser safety procedure TITLE to be used below.
1.
2.
3.
4.
5.
6.
7.
8.

CERTIFICATION AND SIGNATURE

I have read and understood the contents of the Laser Safety Procedures (LSP). I am familiar with the hazards and risks associated with the specific laser systems I will be using. I have received hands on training in the safe use of these specific laser systems, and I have had the opportunity to ask questions regarding their use.

I agree to comply with the safe work practices outlined in this training session, and the LSP for the laser systems with which I will be working. In addition, I agree to wear the required Personal Protective Equipment when using these specific laser systems.

Researcher/Laser Users Signature	Date

SUPERVISOR/TRAINER:		
I have reviewed/discussed the Laser Safety Procedures and Personal Protective Equipment requirements with the above signee, and this person has been provided laser specific, hands on training by me.		
Supervisor (Print - Last Name, First)	Kerberos ID	Training Date
Signature		Date

Please submit the completed form to your EHS Coordinator