



# Record of Operational (On-The-Job) Laser Training

**Laser Program Note:**

To be an Authorized User, the following documents are required:

- A. New Laser Operator Registration (Form L02)
- B. Laser Safety Awareness Training with LSO (Form L03)
- C. **Operational On-The-Job Laser Training**

**Instructions:**

**Who:** Laser Lab Supervisor (i.e., Principal Investigator)\*

**What:** Provides training to his/her Class 3b and 4 lasers in the following topics:

- How to operate the laser system(s) the person is authorized to use
- How to set up the experiments correctly and with the appropriate safety precautions
- How to use, store, and wear the appropriate eye protection for alignments and as needed.

**When:** Complete and provide this *OTJ Training Record* to LSO within **90 days** of the initial laser safety orientation and before allowing unsupervised work using the Class 3b or 4 laser(s) in the lab.

## A. Name of New Laser Operator

## Date of Initial Laser Training

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Laser Safety Awareness Training with LSO

## B. On-The-Job Training Details

Procedures Covered	Date of Training	Initials Laser User	Initials Trainer
<b>Start-up / Shut-down</b>			
<b>Alignment</b>			
<b>Eyewear Use and Care</b>			
<b>Security/Access</b>			
<b>other</b>			

### Laser Lab Supervisor

I have provided my students and employees with the knowledge they need to safely work with the laser(s) located in room(s) \_\_\_\_\_

(Please Print)

Supervisor Name: \_\_\_\_\_

\_\_\_\_\_  
**\*Signature of Laser Supervisor**

### Laser Operator

1. I acknowledge that I have received operational training in safely using the laser(s) in my work area.

2. I know that I am responsible for following the established safety protocols and laboratory operating procedures that allow me to work safely and effectively with these laser systems.

\_\_\_\_\_  
**Signature of Laser Operator**