



THE UNIVERSITY OF
CHICAGO

Office of Radiation Safety
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Initial Laser Training
Certification Form

Date:

Please complete this form and submit with the Initial Laser User Ocular History Questionnaire Form to the Laser Safety Officer.

A. New Laser User Information, Agreement, and Signature

Name (Last, First, MI.):		CNetID:
E-mail:		Lab Phone:
Over 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Technician <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____	

Please check all that apply:

- I am a new user and completed Laser Safety Training on: _____
- The Principal Investigator has asked me to be the Designee of the laboratory's lasers and laser systems.
- I am transferring from Dr. _____'s lab to Dr. _____'s lab.
- I will be working in Dr. _____'s lab in addition to this PI's lab.
- I have read and understand the University of Chicago Laser Safety Program Policies and Procedures.

By signing this document, I declare that I have completed the University's Laser Safety Training requirements on the indicated dates. I also declare that I have been provided training on the protocols and hazards of the laser and laser systems in my workplace. I agree to ensure the safe use of lasers in the laboratory.

Signature: _____

B. Principal Investigator Information, Agreement, and Signature

Principal Investigator Name (Last, First Initial):	Date:
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By signing this document, I agree to take supervisory responsibility for this user and ensure the safe use of lasers in the laboratory and provide laboratory procedures specific to our lab and lasers.

Signature: _____