**Laser Operator Registration**

Name:

Lab Room number:

Department/Program:

List the permit number or numbers of the Laser the operator will be authorized to operate.

Permit No:      Laser Class:

Permit No:      Laser Class:

Permit No:      Laser Class:

**GENERAL LASER SAFETY TRAINING**

The undersigned completed the SMU General Laser Safety Training Course.

Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIFIC LASER SAFETY TRAINING**

The undersigned completed training specific to each laser and laser system listed herein.

Trained By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SMU LASER SAFETY WEBSITE/MANUAL**

The undersigned has read and is familiar with the contents of the SMU Laser Safety Website/Manual.

**STANDARD OPERATING PROCEDURES (SOP)**

The undersigned as read and is familiar with the operating procedures for the laser(s) listed herein.

**PERSONAL PROTECTIVE EQUIPMENT**

The undersigned has the personal protective equipment described in the SOP available to them, and is familiar with their care and use.

Laser Operator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Permittee or LLSO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_