



Appendix E

Laser Operator Registration Form

Northern Illinois University
Department of Environmental Health and Safety

Name (print): _____

E-mail address: _____

Department: _____ Phone: _____

Building: _____ Room: _____

Principal Investigator (print): _____

Previous Training and Experience: Please complete the following. If no experience, check here _____ and skip this section.

Type of Training	Location and Dates	On the Job	Formal Course?
Principles and practices of laser use			
Emergency response procedures for lasers			
Use of protective equipment for lasers			
Biological effects of laser radiation			

List laser and typical power/wavelength previously used:

Laser Operator Signature Block

I acknowledge that I have received the Laser Safety Handbook and all Lab-specific SOP's, and I agree that I will abide by all required policies and procedures contained therein.

Laser Worker Signature

Date

Principle Investigator/Supervisor Signature Block

I certify that I will train and supervise this laser operator in the safe use of lasers described in my standard operating procedures as specified in the *Laser Safety Handbook* before allowing him/her to operate the laser.

Principle Investigator/Supervisor Signature

Date

When completed fax to 815-753-6294 or through Campus mail to Environmental Health & Safety, attn. Dave Scharenberg