

Laser User Certification

INSTRUCTIONS FOR COMPLETING THE LASER USER CERTIFICATION FORM

Read the responsibilities and certification items listed below. Ensure all conditions of certification have been met. Ensure each person listed provides a signature upon completion of conditions.

Your responsibilities as a laser user are:

- To complete an initial Laser Safety training on line via RIMS.
- To familiarize yourself with the location and content of your laser permit.
- To use lasers at designated locations approved in the permit.
- To perform your work in the manner specified in the SOP (standard operating procedures). There shall be no changes in the approved procedures without the prior approval of the LSO.
- To use only the laser system(s) listed on your permit that you have been trained on.
- To notify the LSO for new purchases of any Class 3B and 4 laser systems and register these systems with the LSO. Routine operation of laser systems may not begin until the LSO has been notified and has conducted a thorough survey and given approval for operation.
- To notify the LSO of any Class 3B or 4 laser system transfer or disposal.
- To not provide any maintenance or repair to your laser system unless proper documentation is presented to the LSO.
- To possess and wear appropriate OD laser safety goggles for your laser system.
- To read, understand, and follow all safety requirements specific to use of your laser systems.
- To know how to respond, report, and who to contact in case of an emergency involving a laser system.

APPLICANT INFORMATION

Laser Permit Holder Last Name **Laser Permit Holder First Name**

Lab Location **Lab Room Number** **Lab Phone Number**
(if applicable)

CERTIFICATION & SIGNATURES

I certify that:

- I have read, understood and agree to above stated laser user responsibilities.
- I have completed the on-line Laser Safety Training.
- I have been provided training specific to the laboratory by the PI, as well as any required laser specific training identified in the permit.
- I have read and understood the information specific to laser safety requirements and the laboratory SOP.
- I will follow all laboratory safety procedures at all times.
- I will report any accident, potential exposure or safety concerns to my supervisor immediately and the LSO.

Name **BU ID#** **Laser Permit Holder** **Location**

If you need additional information, please contact LSO at 617-638-8828.

PI Signature

Date

Note:
Violations of health and safety requirements are considered as serious infractions that may result in the suspension and/or termination of the protocol or an individual's privileges to work with lasers.

<http://www.bu.edu/researchsupport/compliance/radiation-safety/laser-safety-manual-pg-1/>