

Laser User Experience and Qualification Record

NAME: _____ ORG CODE: _____

I. TRAINING

1. Degree or Related Courses	2. Where Trained	3. Duration of Training	4. On-The-Job Training	5. Formal Course
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Laser Courses			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Laser Safety Course			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

II. LASER EXPERIENCE

8a. Type of Laser	8b. Power	8c. Use (<i>Chemical Analyses Distance Measuring, etc.</i>)	8d. Duration of Experience

Code 1. Engineering, Physics, Biology, etc.
 Code 2. University, school, etc.
 Code 3. Duration of training

Code 6. List laser training courses and dates.
 Code 7. List laser safety courses and dates.
 Code 8. List laser type, use, and experience.

III. RECEIPT OF REGULATIONS

I have read and understand the following material:

- DCP-S-009, Chapter 12: Non-ionizing Radiation Safety
- American National Standards Institute (*ANSI*) Z136.1, for Safe Use of Lasers

IV. LASER EYE EXAM

I have had a laser eye exam.

- My certification card is attached.
 - The LSO at my place of employment will send my qualification separately.
- The LSO is _____

SIGNATURE: _____ DATE: _____