



Learning with Purpose

Radiation Safety Office
Pinanski Building, room 103
One University Avenue
Lowell, Massachusetts 01854

Chris Tavares
Laser Safety Officer

telephone: (978) 934 - 3372
fax: (978) 934 - 4038

email: *Christopher_tavares@uml.edu*

Site Specific Training Form

LASER OPERATOR/USER:

Laser User Name:	E-Mail	
Principal Investigator's Name:	E-Mail	Department

PROPOSED LASER USE

Describe the laser system which will be used and briefly describe the experiment. If multiple lasers are being used list all lasers.

CERTIFICATION AND SIGNATURE

I have read and understood the laser safety training provided to me by the Radiation Safety Office at UMass-Lowell. I had the opportunity to ask questions regarding safe use of the lasers in the lab. I understand the hazards of using the laser(s) and know the safeguards in place for protection. I received specific training on the operation of the laser(s) in the lab and have reviewed and understand the standard operating procedure for all lasers I will be using in the lab.

I will comply with the laser safety training I received from the Radiation Safety Office and the Principal Investigator responsible for the laser. I agree to wear the proper personal protective equipment when required when operating or using the laser.

Laser Operator/Users Signature	Date
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PRINCIPAL INVESTIGATOR/TRAINER:

I have discussed laser safety procedures and personal protective equipment requirements with the above signee. The signee has been provided laser specific training by me and is authorized to use the laser(s) listed above.

Principal Investigator (please print)	Lab Location	Training Date
Signature		Date