

Chris Tavares
Laser Safety Officer

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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

PRINCIPAL INVESTIGATOR/TRAINER: