

Old Dominion University
Laser Safety Committee

Application for Lasers System Supervisor

This application must be approved by the Laser Safety Officer. The applicant must be a Laser System Supervisor, or a person applying concurrently for Laser System Supervisor status. Complete both pages of this form and return it to the Environmental Health and Safety Office. Amendments to this protocol must be submitted to the Laser Safety Officer on LSC-4.

Name: _____

Date: _____

Department: _____

Office: _____

Building

Room No.

Phone: _____

Location of Proposed Use:

Building

Room No.

Phone: _____

Certification:

The signature below affirms that the applicant has read and will comply with the rules, policies and procedures of Old Dominion University's Laser Safety Committee. The applicant accepts the responsibility for maintaining current knowledge of those rules, policies, and procedures governing the use of lasers and laser systems. The applicant also assumes the responsibility for promptly informing the Committee of significant changes in the operation and operating characteristics of the laser or laser system, and of relocation of the laser or laser system, and personnel changes.

Signature: _____

Laser Safety Committee Use

Approval: Laser Safety Officer _____

Committee Member _____

Committee Member _____

Summary of Training and Experience

I. Training

Training Received From: _____

Date(s) of Training: _____

Formal Course Total Hours: _____

On the Job Training (Total Hours): _____

Brief Description of Training:

II. Experience

A. Type of Laser / Laser System: _____

Where Experience was Gained: _____

From _____ **to** _____

B. Type of Laser / Laser System: _____

Where Experience was Gained: _____

From _____ **to** _____

From _____ **to** _____

(Attach any additional information you think is pertinent to this application)