

Old Dominion University
Laser Safety Committee

Application for Laser System Supervisor Status

This application must be approved by the Laser Safety Officer. Complete both pages of this form and return it to the Environmental Health and Safety Office.

Name: _____ **Date:** _____

Office: _____ **Room No.** _____
 Building

Department: _____ **Title:** _____

Location of Proposed Use:

_____ **Building** _____ **Room No.** _____ **Phone No.** _____

Brief Description of Job Duties:

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: _____

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** _____

Laser Safety Committee Use

Approval: Laser Safety Officer _____