

Old Dominion University

Laser Safety Committee

Application for Qualified Operator Status

This application must be approved by the Laser Safety Officer to gain status as a Qualified Operator. Complete this form and return it to the Environmental Health and Safety Office.

Name: _____

Date: _____

Department: _____

Supervisor: _____

Brief Description of Job Duties:

Office: _____

Building

Room No.

Phone No.

Laboratory: _____

Building

Room No.

Phone No.

Summary of Training and Experience

I. Training

Training Received From: _____

Date(s) of Training: _____ **Formal Course Total Hours:** _____

II. Experience

Type of Laser / Laser System: _____

Where Experience was Gained: _____ **From** _____ **to** _____

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.

Signature: _____

Date: _____

Laser Safety Committee Use

Approval: Laser Safety Officer _____

Date: _____