

Laser Worker Certificate



I, the undersigned, have received training in the following subjects/items:

REQUIRED TRAINING

I have been given a copy and/or have reviewed UGA's Laser Safety Manual located on UGA's laser safety website: <https://research.uga.edu/safety/laser/> .

I have completed UGA's Online Laser Safety Course located in PEP.

UGA LASER SAFETY PROGRAM KNOWLEDGE

I have been shown where to access online information about UGA's Laser Safety Program and contact information for UGA's Laser Safety Officer (LSO) at:

<https://research.uga.edu/safety/laser/> .

I have reviewed the responsibilities outlined for the LSO, Principal Investigators & Supervisors, and Individuals Working with Lasers.

I know the course of action to take in case of an incident or suspected exposure to laser radiation.

HAZARDS

I understand the biological effects for direct laser beam exposure.

I understand the ancillary hazards associated with laser systems.

CONTROL MEASURES

I have been shown the designated Nominal Hazard Zones for each laser system in my assigned work areas.

I am aware where the appropriate eyewear protection for each laser system is stored.

I have been shown how to safely operate all laser systems in my work areas including all engineering control measures used for each laser system.

Name (printed) _____

Name (signature) _____ Date: _____

Principal Investigator (printed) _____

Principal Investigator (signature) _____

Keep the original signed form in the lab and send a copy of signed form to:

radiation-safety@uga.edu