

LASER WORKER APPLICATION

This form serves to provide Environmental Health and Safety with the necessary information and permissions to approve the applicant as a laser device worker. Information provided to EH&S is a confidential record and is maintained as such by the university in accordance with the Family Educational Rights and Privacy Act.

Please print clearly: Legible records are required.

Name (First, MI, Last) _____

Date of Birth _____ Gender Female Male

University ID # _____ Social Security # (last 4 digits) xxx-xx- _____

ISU Telephone _____ E-mail Address _____

ISU Department _____ Principle Investigator _____

Users must also complete a [hazard inventory form](#) to review if a preliminary baseline eye exam is required.

A. Laser Safety Training Requirements

| <i>Training</i> | <i>Date Completed</i> |
|---|-----------------------|
| Laser Safety Training, Learn@ISU online class | |

B. Laser/Laser System Information – Attach additional description, if needed

Type _____ Wavelength _____ Power _____ Class _____ Open Beam YES NO
 Pulsed YES NO Pulse Duration _____ Pulse Frequency _____ OD of Laser Eye Protection _____
 Project Description _____

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C. Principal Investigator Request for Addition to Authorization

I certify that the individual named above has completed the listed requirements to use lasers at Iowa State University. I request that an amendment be made to my Laser Use Authorization to include them as approved personnel.

I understand that it is my responsibility to supervise the work conducted by this individual, to provide them with specific training on laboratory operating and safety procedures, and ensure that they abide by all University rules and policies concerning the possession and use of lasers as outlined in the Laser Safety and Laboratory Safety Manuals.

Signed (Participant) _____ Date _____

Signed (Principal Investigator) _____ Date _____

Return the completed form to Laser Safety Officer, Environmental Health and Safety, 2408 Wanda Daley Drive, or email ehsinfo@iastate.edu.

For EH&S use only

Training Course _____

Test Date _____ Test Score _____

Laser applicant needs an eye exam YES NO Date completed _____

Former Name (if changed) _____