

**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 \_\_\_\_\_

Have you been a laser worker at any location other than Iowa State University? Yes No  
If yes, have you ever had a laser eye exposure? Yes No

Yes to both questions requires that a preliminary baseline eye exam be completed with Occupational Medicine located at G11 TASF. Call (515) 294-2056 to schedule this appointment. Users must also complete a hazard inventory form prior to the time of their scheduled exam.

**A. Laser Safety Training Requirements**

<i>Training</i>	<i>Date Completed</i>
Laser Safety Training, EH&S Learning Center online class	
Preliminary baseline eye exam	

**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 \_\_\_\_\_

Type \_\_\_\_\_ Wavelength \_\_\_\_\_ Power \_\_\_\_\_ Class \_\_\_\_\_ Open Beam YES NO  
Pulsed YES NO Pulse Duration \_\_\_\_\_ Pulse Frequency \_\_\_\_\_ OD of laser eye protection \_\_\_\_\_  
Project Description \_\_\_\_\_

**Form continues on reverse side**

---

---

**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** LSO, Environmental Health and Safety, 2408 Wanda Daley Drive, or fax (515) 294-9357 or [email](#)

---

---

**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) \_\_\_\_\_