

**UNIVERSITY OF FLORIDA LASER USER
STATEMENT OF TRAINING AND EXPERIENCE**

(To be completed by ALL personnel who will be working with Class 3B and 4 lasers and laser systems)

The following items must be signed off by both the new laser user and the principal investigator:

Laser User: _____

Initials

User	PI

- ... has read the online “University of Florida Laser Safety Manual”.
- ... has read all relevant standard operating procedures.
- ... has read all manufacturer supplied manuals.
- ... has had system specific hands-on training.
- ... has viewed the online “Fundamentals of Laser Safety” presentation.
- ... has all necessary personal protective equipment

Description of Lasers:

Department: _____	Laser Safety #: _____	
Building: _____	Room: _____	
Manufacturer: _____	Model: _____	Hazard Class: (IIIb) (IV)
Department: _____	Laser Safety #: _____	
Building: _____	Room: _____	
Manufacturer: _____	Model: _____	Hazard Class: (IIIb) (IV)
Department: _____	Laser Safety #: _____	
Building: _____	Room: _____	
Manufacturer: _____	Model: _____	Hazard Class: (IIIb) (IV)

Laser User: _____ Principal Investigator: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Please complete and return to:
Laser Safety Officer
PO Box 100252, Gainesville, FL 32610