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: ________________________________

… 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

Initials

<table>
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<tr>
<th>User</th>
<th>PI</th>
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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 118340, Gainesville, FL 32610