

# 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 118340, Gainesville, FL 32610