

# Laser Training Certification for the Office of EH&S

Subject: (Laser User and Laser Registration)

Name of Laser User (Print): \_\_\_\_\_  
Last First Middle

Student ID #: \_\_\_\_\_

Name of Principal Investigator: Orlando Donald J. Phone No: 642-5328  
Last First Middle

LUR Numbers: 1187 & 1188 & 1189 & 1190 & 1201 in  
Rooms: 282/282F/286/286A/283/285/287 LeConte Hall

Laboratory Location: Physics 111-LAB Room No.: \_\_\_\_\_

Type of Laser, Power, &  $\lambda$  : \_\_\_\_\_

I the undersigned have read and understood the UCB Laser Safety Training Supplement and Laser Use Registration (LUR). I have received instruction from the Principal Investigator (or his/her designee) in the use of the laser systems, associated optics, and laser safety standards and laboratory Standard Operating Procedures, (SOP's). I understand that I am responsible for my own safety in the laboratory, and that unsafe behaviors can cause serious injury and will result in disciplinary action up to expulsion from the course with a grade of "F".

(User Signature): \_\_\_\_\_ Dated: \_\_\_\_\_

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I the undersigned have viewed the Laser Safety Video in the Physics 111-LAB.

(User Signature) \_\_\_\_\_

Date Viewed: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_

Completed form must be on file with: Laser Safety Officer; c/o UCB Office of Environmental Health & Safety (EH&S); 3rd. floor, MC # 1150, University Hall; Berkeley, CA. 94720, (642-3073); Attention UCB Campus Laser Safety Officer, Eddie Ciprazo ( 643-9243).