Old Dominion University
Laser Safety Committee

Application for Laser System Supervisor Status

This application must be approved by the Laser Safety Officer. Complete both pages of this form and return it to the Environmental Health and Safety Office.

Name: ___________________________ Date: __________________

Office: ____________________________ Building ____________________________ Room No. ____________________________

Department: ____________________________ Title: ____________________________

Location of Proposed Use:

_________________________________ Building ______________ Room No. __________ Phone No. __________

Brief Description of Job Duties:

_________________________________

Certification:

The signature below affirms that the applicant has read and will comply with the rules, policies and procedures of Old Dominion University’s Laser Safety Committee. The applicant accepts the responsibility for maintaining current knowledge of those rules, policies, and procedures governing the use of lasers and laser systems. The applicant also assumes the responsibility for promptly informing the Committee of significant changes in the operation and operating characteristics of the laser or laser system, and of relocation of the laser or laser system, and personnel changes.

Signature: ____________________________

LSC-2 (7/14)
Summary of Training and Experience

I. Training

Training Received From: ____________________________________________________________

Date(s) of Training: _____________________________________________________________

Formal Course Total Hours: __________________________

On the Job Training (Total Hours): __________________________

Brief Description of Training:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

II. Experience

A. Type of Laser / Laser System: __________________________________________________

Where Experience was Gained: ________________________________________________

From __________ to __________

B. Type of Laser / Laser System: ________________________________________________

Where Experience was Gained: ________________________________________________

From __________ to __________

________________________________________

Laser Safety Committee Use

Approval: Laser Safety Officer ____________

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