Old Dominion University
Laser Safety Committee

Application for Qualified Operator Status

This application must be approved by the Laser Safety Officer to gain status as a Qualified Operator. Complete this form and return it to the Environmental Health and Safety Office.

Name: ____________________________ Date: ________________

Department: ____________________________ Supervisor: ________________

Brief Description of Job Duties:

Office: ____________________________ Building: __________ Room No.: __________ Phone No.: __________

Laboratory: ____________________________ Building: __________ Room No.: __________ Phone No.: __________

Summary of Training and Experience

I. Training

Training Received From: __________________________________________

Date(s) of Training: ________________ Formal Course Total Hours: ______

II. Experience

Type of Laser / Laser System: ________________

Where Experience was Gained: __________________________________ From _____ to _____

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.

Signature: ____________________________ Date: ________________

Laser Safety Committee Use

Approval: Laser Safety Officer: ________________ Date: ________________

LSC-3 (7/14)