Laser User Authorization (Class 3B or 4)

PLEASE COMPLETE THE FOLLOWING SECTIONS

<table>
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<tr>
<th>Laser operator name (print)</th>
<th>Phone No.</th>
<th>Department</th>
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1. Laser safety training

   I completed the online laser safety training provided by Environmental Health & Safety on: _______________.

   a. I have reviewed the Brown University Laser Safety Program (2009), which can be found on the EHS website and I understand Brown University’s conditions of use.

   b. I understand that it is my responsibility to report to my supervisor (or EHS) laser safety conditions that could lead to unnecessary exposure; and/or any event or unusual occurrence involving a laser system.

   c. I recognize the precautions necessary to minimize my exposure to non-ionizing radiation.

   d. I will use the appropriate laser eyewear when operating a Brown University laser.

   e. I have been instructed by the principal investigator, or designee, in the safe usage (operation, laser room safety, alignment procedure(s) and emergency procedure) of the laser system(s) at the facility.

   f. Are you currently being treated (or have you ever been treated) by a clinician for a previous eye injury? Y___  N___

   g. Have you ever been overexposed to laser radiation from direct ocular exposure? Y___  N___

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<tr>
<th>Laser operator (signature)</th>
<th>Brown ID#</th>
<th>Date</th>
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2. Working with lasers at another organization

   Have you worked with a Class 3B or Class 4 laser (or within a laser lab) at another organization? Y___  N___

   (If yes, fill out the information below telling us about the organization(s)).

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Year</th>
</tr>
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3. Approval by the principal investigator (e.g. laboratory supervisor)

   I acknowledge that the above individual has completed my practical laser safety training, including a review of the standard operating procedure(s) specific for the laser system. The individual can now independently align, maintain, service and/or operate a laser system(s) that I am responsible for managing.

<table>
<thead>
<tr>
<th>Principal Investigator (name)</th>
<th>Signature</th>
<th>Date</th>
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Comments/Restrictions:

Please return form to: Brown University, Office of Environmental Health & Safety, Box 1914, Providence
If you have a question or concern, contact Environmental Health & Safety at 863-3353 or visit 350 Eddy Street (EHS Use Only - Allowed to operate laser? Y___  N___ )