

**Brown University
Laser Operator Certification**

**PLEASE COMPLETE THE FOLLOWING ITEMS IN ORDER
Baseline Eye Exam will not be performed without signatures in sections 1 & 2**

Prospective Laser Operator Name (print)	Phone	Lab Director	Department

1. Brown University Training

The prospective operator has taken the online laser safety training provided by the radiation safety office.

Lab Director Signature	Date Signed	Date of Training

2. Laboratory Specific Training and Personal Protective Equipment

- a. I have been instructed in the safe use of the lasers that I will be operating in the laboratory and
- b. I am obtaining or have obtained protective eyewear commensurate with the lasers I am using and
- c. I have read and understood the Brown University Laser Safety Procedures.

Prospective Laser Operator Signature	Date Signed

3. Baseline Eye Exam (Exam will not be performed without signatures in sections 1 & 2)

Please contact the Optometric Department at the Rhode Island Eye Institute to set up the eye exam. There is **no co-pay** for Brown University Faculty, Staff and Students for this exam. Please bring this form with you to obtain the signature of the Optometrist/Ophthalmologist performing the exam. The eye exam includes (**check all boxes**)

- Ocular History* *Visual Acuity* *Macular Function* *Color Vision* *Examination of Ocular Fundus*

Optometrist/Ophthalmologist Name	Signature	Date Signed

4. Approval by Laboratory Director

I acknowledge that the above individual has met all the requirements to become a Laser Operator. He/she has permission to use lasers in my laboratory.

Lab Director Signature	Date Signed
Comments/Restrictions:	

5. Approved by the Laser Safety Officer

I certify that the above individual has met all the requirements set forth by the laser safety committee to become a laser operator.

Laser Safety Officer	Signature	Date Signed

Contact Information:

Laser Safety Officer – 863-1738 Office of Environmental Health & Safety – 863-3353 Health Services – 863-3953
RI Eye Institute – 150 East Manning Street, Providence, RI 02906 – Phone (401) 272-2020

Please return form to: Laser Safety Officer, Brown University, Box 1914