

LASER SAFETY TRAINING REQUEST

RETURN TO: LASER SAFETY
lasersafety@okstate.edu OR
223 Scott Hall

OFFICE USE ONLY:

Entered By: _____

Training Date: _____ Email Sent: _____

FULL NAME (*first, middle, last*): _____

DATE: _____ MALE FEMALE

CAMPUS WIDE ID (CWID): _____ DATE OF BIRTH: _____

LAB OR OFFICE PHONE: _____ HOME PHONE: _____

CAMPUS E-MAIL ADDRESS: _____

DEPARTMENT: _____

Will user operate Class 3B and/or Class 4 laser(s) unsupervised by PI? _____

LASER PERMIT HOLDER ONLY – NOT REQUIRED FOR LAB WORKERS: PLEASE LIST THE BUILDING(S) AND LAB NUMBER(S) WHERE LASERS WILL BE USED AND INDICATE WHAT CLASS OF LASER (3B and/or 4) WILL BE USED IN EACH LOCATION:

The person in charge of the Laser instrument you will use is the permit holder. This form will not be processed without the permit holder's signature or email authorization.

AUTHORIZED USER/PERMIT HOLDER (PRINT): _____

AUTHORIZED USER/PERMIT HOLDER (SIGN): _____

If submitting electronically, this form must either be signed by the Laser Permit Holder or come from his/her e-mail account. If submitting a printed copy via campus mail, the Permit Holder's signature is required.

* ALLOW 2-3 DAYS FOR PROCESSING AFTER RECEIPT OF THIS FORM. ONCE PROCESSED, AN EMAIL WILL BE SENT TO YOU CONTAINING YOUR TRAINING REQUIREMENTS AND DUE DATES, AS WELL AS INSTRUCTIONS FOR LOGGING INTO THE SYSTEM.

**PLEASE DIRECT ANY QUESTIONS TO THE LASER SAFETY OFFICE STAFF AT:
Email: lasersafety@okstate.edu Phone: 405-744-7890 Fax: 405-744-4335**