

PURDUE UNIVERSITY

Laser Safety

Laser User Application

Type of Application

- New User
 Change/Add LPI

IMPORTANT: The applicant must complete laser safety training and submit this application to the Laser Safety Officer (LSO) to be authorized for laser use. Previously authorized applicants at Purdue University should indicate his/her previous laser principal investigator's (LPI) name.

REM Use Only	
Authorization #:	
Database:	
Assistant LSO	LSO

Laser User: _____
Last Name First Name Middle Initial

Department: _____ Position: _____

Purdue ID #: _____ Email: _____ Location: _____
Purdue Email Address Preferred Building & Room

1. Laser Safety Training

- a.) I have successfully completed the Purdue University online laser safety training. Yes No
 b.) I will be directly responsible for this laser (i.e. I am the Laser Principal Investigator). Yes No

If yes, please briefly describe your previous experience working with lasers:

2. Have you had any exposures to lasers in amounts known (or suspected) to be above the ANSI Z136.1-2007 maximum permissible exposure? Yes No Unknown

Laser Principal Investigator Affirmations

LPI Name: _____ Project Authorization #: _____

I am **directly responsible** for the laser(s) this applicant will be using. I have read and understand the Purdue University Laser Safety Guidelines and will comply with university, state, and federal regulations governing laser use. I will ensure the applicant authorized to use laser(s) on my project receives laser-specific and other necessary guidance and training.

LPI Signature: _____ Date: _____

Laser User Applicant Affirmations

I have received, read, and understand the Purdue University Laser Safety Guidelines and will comply with university, state, and federal regulations governing the laser use. I have attended the Laser Safety Training and had the opportunity to ask questions about any concerns I have regarding the safe use of a laser.

I certify that the statements contained in this application are correct and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

- You may return this form by: (1) Bringing it to the classroom training session or
 (2) Campus mail to: Laser Safety, REM, HAMP