

Auburn University
Certificate of Training for Use of Lasers

Name of Laser User

Name of Instructor (Principal Investigator or Designee)

- Beam and non-beam laser hazards and precautions*
- Function and meaning of safety controls, indicators, and interlocks*
- Standard Operating Procedures (SOP) and experiment protocols*
- Knowledge of how to access Laser Safety Manual on Risk Management and Safety website*
- Maintenance of required records*
- Emergency procedures*
- _____
- _____

We certify that the laser user named above has been trained and instructed in the proper and safe use of laser and laser systems in my research areas. The extent of this training and instruction is such that we are confident that the laser user is qualified to perform the operating and safety procedures. All of the topics checked above have been discussed.

Signature of Laser User

Signature of Instructor/Date

When completed, return this form to:

Laser Safety Officer @ kucukse@auburn.edu
1161 W. Samford Ave
RMS Building 9