

**Auburn University**  
*Certificate of Training for Use of Lasers*

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Name of Laser User

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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*
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- \_\_\_\_\_

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.

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*Signature of Laser User*

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*Signature of Instructor/Date*

When completed, return this form to:

Laser Safety Officer, Sevgi Kucuktas ([kucukse@auburn.edu](mailto:kucukse@auburn.edu))  
1161 W. Samford Ave  
RMS Building 9