Laser User Authorization

Laser User
Name: ___________________________ NetID/
GuestID: _________________________

Principal Investigator: ___________________________ System location: __________

Laser System: ___________________________

I have completed the following laser safety training (check when complete):

☐ CULearn training course EHS 2397 – Laser Safety

☐ Review the Cornell Laser Safety Manual

☐ Review the Standard Operating Procedure for the laser system

☐ Receive hands-on training from Principal Investigator or their designee

Laser User
Signature: ___________________________ Date: __________

Principal Investigator
Signature: ___________________________ Date: __________

Principal Investigators: retain completed authorization forms in the binder with the standard operating procedure for the laser system.