

Training Certification Document for the Office of EH&S

Subject: (Laser User and Laser Registration)

Name of Laser User (Print): _____
Last First Middle

Student ID # : _____

Name of Principal Investigator: **Orlando** **Donald** **J.** Phone No: **642-5328**
Last First Middle

LUR Numbers: **1187 & 1188 & 1189 & 1190 & 1201**
In Rooms: 282/282F/286/286A/283/285/287 LeConte Hall

Laboratory Location: **Physics 111-LAB** Room No.: _____

Type of Laser, Power, & λ : _____

I the undersigned have read and understood the UCB Laser Safety Training Supplement and Laser Use Registration (LUR). I have received instruction from the Principal Investigator (or his/her designee) in the use of the laser systems, associated optics, and laser safety standards and laboratory Standard Operating Procedures, (SOP's) and that I am responsible for my own safety in the laboratory.

(User Signature): _____ Date: _____

I the undersigned have viewed the Physics 111 Laser Safety Video on-line or in the lab.

(User Signature) _____

Date Viewed: _____

Staff Signature: _____

This completed form will be forwarded by the Physics 111 staff to: Laser Safety Officer; c/o UCB Office of Environmental Health & Safety (EH&S); 3rd. floor, MC # 1150, University Hall; Berkeley, CA. 94720, (642-3073); Attention UCB Campus Laser Safety Officer, Eddie Ciprazo (643-9243).