

LASER SAFETY TRAINING PART II

Please meet with your Principal Investigator or supervisor to complete this hands-on training.

Name: _____

Net ID: _____

Email: _____

PI: _____

EQUIPMENT INFORMATION

To be filled out by PI or equipment supervisor.

Location of LASER (Building & Room): _____

Anticipated Frequency of Use (Daily, Weekly, etc.): _____

REQUIRED TOPICS

To be filled out by PI or equipment supervisor.

All the following topics are required to be reviewed for this training to be considered complete.
Please check off each box to indicate you have reviewed the topic. Incomplete forms will be returned.

___ Part I training completed (ehs.yale.edu/trainings/laser-safety-training)

___ Administrative Controls: Review of any SOPs, techniques, or other documents

___ Identify LASER beam (stray or reflected) hazards associated with the use of the equipment

___ Identify non beam hazards (LASER media, compressed gasses, high voltage, LGAC, fire, etc.)

___ Energy(ies) and wavelengths of light generated as well as the protective eyewear required

___ Safety Devices: Interlocks, labels, limitations of use

___ Preventing Personal Exposure

___ Emergency Procedures & Phone Numbers

___ Biological hazards associated with LASER exposure

___ Procedure for reporting an actual or suspected exposure

___ Instrument Malfunction: Identifying and reporting unsafe conditions or operational changes

___ Security: Preventing unauthorized access during procedures and preventing unauthorized use when unit is left unattended

PI or Equipment Supervisor Name (print): _____

PI or Equipment Supervisor Signature: _____

Date Training Completed: _____

Please return completed form to EHS Training Coordinator.

BY EMAIL
safetytraining@yale.edu

OR

BY MAIL
EHS Training Coordinator
135 College Street, Suite 100
New Haven, CT 06510