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

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