

The George Washington University

Employee Acknowledgement of Training on Laser Safety

I have received training and information on the hazards associated with operating lasers. I have reviewed a copy of The George Washington University Laser Safety Manual. I agree to observe and follow the safe work practices outlined in this training session, as well as the standard operating procedures for the laser systems I will be working with.

Employee Name (Please print)

Principal Investigator/Laser Owner

Employee Signature

Date

Trainer (if Class 3B or 4)

Date

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