

**APPENDIX 8-D**

**AUTHORIZED LASER USER CERTIFICATION**

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User Name: \_\_\_\_\_ Investigator Name: \_\_\_\_\_  
(print) (print)

Date of Birth: \_\_\_\_\_

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**Description of Laser(s) on which User is certified, include Class and location:**

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**TRAINING CERTIFICATION**

I have received training in the use of the laser described above. This training included both general laser safety concepts, included the following topics, and laser-specific training.

- \* Laser Classification
- \* Biological Effects
- \* Medical Surveillance
- \* Associated Non-Beam Hazards
- \* Safety Requirements and Control Measures
- \* Protective Equipment
- \* Warning Signs and Labels

Laser-specific safety training included demonstration and observed practice of laser use including:

- \* operation and control measures
- \* special hazards and precautions
- \* safe practices specific to the laser(s)

User Signature: \_\_\_\_\_ Date of Training: \_\_\_\_\_

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**USER CERTIFICATION**

\_\_\_\_\_ is certified to use the laser(s) described above in accordance with the Laser Safe Operating Protocol (if required) and Investigator established laser operating procedures. Laser use is subject to:

- \_\_\_\_\_ no restrictions
- \_\_\_\_\_ the following restrictions:

Investigator Signature: \_\_\_\_\_ User Signature: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Certification Expires: \_\_\_\_\_  
(Class 3 and 4 laser users must be recertified every 2 years)

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Give a Copy of this Certification to the Laboratory Manager