TRAINING CONTENT SUMMARY

1. Review the entire COE Laser Safety Manual and the publication "Laser Institute of America Laser Safety Guide, 12th Edition" (Guide). Emphasize the safety procedures for each laser classification
2. Review Laser Safety Micro-Course by Laser Professional, lac. Review all safety procedures and practices particular to this unit, including emergency shut-off procedures. **Know the location of the <u>main</u> power emergency cut-off switch and when to use it.** Discuss the potential physical, electrical and chemical hazards and control of such hazards. Know that the supervisor must be immediately informed of any unusual occurrences or malfunctioning of the unit.
3. Review proper eye protection measures for this unit. Emphasize that lasers may not be operated unless appropriate eye protection is worn by all persons who could potentially be exposed to a hazardous beam or its reflections. See "Goggle Instructions" document or contact LSO for more information.
4. Review the appropriate wording and location of any required signs and labels (per the Laser Institute of America's "Laser Safety Guide, 12th Edition"). Review the CSULB "Laser Hazards and Emergency Response" poster and ensure that it is posted at the laser site. State that extra signs and labels are available in the COE Safety Office.
5. Review the written protocols and standard operating procedures for all Class 3B and Class 4 lasers at the above location(s). Note: the laser may NOT be operated until a written standard operating until a written standard operating procedure has been forwarded to and approved by the Laser Safety Officer.
6. Complete CSULB Laser Safety Training Quiz, provide to LSO for grading & review. Discuss the potential physical, electrical and chemical hazards and control of such hazards of each laser at the above location(s).
7. Discuss the responsibilities of the PI (see below).
8. Discuss the responsibilities of Personnel/Students (see below) who will operate or be in the presence of an operating laser.
9. Discuss emergency procedures (call 911), injury reporting, and sources of laser information.

COE LASER SAFETY TRAINING RECORD

DEPARTMENT:_____
LOCATION_____

DEVICE SUPERVISOR:_____ LASER CLASS:_____

LASER MAKE AND
MODEL:_____

I hereby acknowledge that I have been instructed in and understand the applicable laser safety and health information for the laser listed above. I realize that inappropriate behavior and/or the misuse of equipment, materials etc. can lead to serious injury. I hereby agree to follow all instructions for safety as given by my instructor now and in the future. I hereby agree to fully comply at all times with all University policies and procedures associated with safety as it pertains to this equipment. I agree to work safely at all times, protecting both myself and those around me. I further agree that I will not operate any equipment or use any materials without appropriate instruction, supervision, and understanding of the potential hazards involved. I understand that I am responsible for medical treatment costs if I am injured in this class/lab.

NAME (PRINT)	SIGNATURE	DATE

Trainer Name (Print): _____

Trainer Signature:_____

Date: _____