

PART A: MIT Laser / Laser Systems Registration

SECTION I. General Information				
Department/DLC:		Building/Room:		
Principal Investigator	Last name, First name	Kerberos ID	Phone:	Bldg/Room#:
Laser Supervisor	Last name, First name	Kerberos ID	Phone:	Room#:
EHS Representative	Last name, First name	Kerberos ID	Phone:	Room#:
SECTION II. Laser Inventory				
<p>Please list all Class 3B and Class 4 lasers used under this registration in the Part B MIT Laser Inventory form. Attach additional forms as necessary.</p> <p style="text-align: center;"> <input type="checkbox"/> Attached <input type="checkbox"/> Not attached </p>				
SECTION III. Laser Safety Procedure				
<p>A Laser Safety Procedure is required for each Class 3B and Class 4 laser system. Multiple lasers used for the same setup may qualify as one laser system. Please complete a separate Laser Safety Procedure for each laser or laser system. The Part C Laser Safety Procedure template can be downloaded to be modified for each system specific need.</p>				
SECTION IV. Authorized Personnel				
<p>All personnel authorized to use laser systems under this registration must complete the following before commencing work with lasers:</p> <ul style="list-style-type: none"> • Laser Safety Training (EHS00371c/w) • Laser Specific Training (EHS00375) • Laser Worker Registration Form (RP-50 Laser) 				
SECTION V. Certification and Signatures				
<p>I acknowledge the following:</p> <ol style="list-style-type: none"> a) My laboratory will comply with the requirements of the MIT Laser Safety Program. b) Laser safety procedures will be established for each laser system and made available. c) Laser users under this registration will complete all required training, have training records up to date, and have received appropriate information about the hazards associated with the laser system(s). d) All visitors are provided appropriate training covering the hazards in the laser laboratory. The visitor shall also be provided with appropriate personal protection equipment. e) The Radiation Protection Program will be notified of any changes to the laser system that may affect the hazards or risks from these changes. 				
Person completing this form (Print Last, First Name)				Date
Principal Investigator (Print Last, First Name)		Signature		Date