|  |  |
| --- | --- |
| **PI / Center Director Name** |  |
| **Laser Safety Contact Name** |  |
| **Research Group Name** |  |

**Training done by**

|  |  |  |
| --- | --- | --- |
| [ ]  Manufacturer | [ ]  PI/Center Director | [ ]  Laser Safety Contact |
| [ ]  Other (give details) |  |  |

**Training for equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Serial Number** | **Asset Tag** | **Location****(e.g. B4-0250)** |
|  |  |  |  |  |

**Topic covered**

[ ]  Laser Area, Nominal Hazard Zone, warning signs and labels

[ ]  Personal Protective Equipment (include appropriate choice of eyewear and location)

[ ]  Interlock system operation (if applicable)

[ ]  Beam hazards

[ ]  Non-beam hazards

[ ]  Switch equipment ON

[ ]  Switch equipment OFF

[ ]  Emergency stop and deactivation of the system

[ ]  Normal operation of the system

[ ]  Alignment procedure

[ ]  Accident Reporting

[ ]  SOP read, understood and signed by the trained person

[ ]  Other topic covered (give details below)

|  |
| --- |
|  |
|  |

**Person trained**

|  |  |  |
| --- | --- | --- |
| **Name** | **KAUST ID** | **Date of Training Completed** |
|  |  |  |
|  |  |  |
|  |  |  |