|  |  |
| --- | --- |
| **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)

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|  |
|  |

**Person trained**

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