

**APPENDIX D-2 – TRAINING DOCUMENTATION FORM (LS-2)**

<b>EMPLOYEE INFORMATION</b>	
Name:	Department:
E-mail Address:	Lab Number:
Principal Investigator:	

<b>CLASS 3B/4 LASER SYSTEM TRAINING DOCUMENTATION</b>		
<input type="checkbox"/>	Completed the online Laser Safety Training course provided by IUEHS.	Date:
<input type="checkbox"/>	Provided with appropriate personal protective equipment.	Date:
<input type="checkbox"/>	Received specific training from the Principal Investigator or Lab Manager on safely operating the laser system.	Date:

<b>APPROVALS</b>	
I have read and understood the <i>Laser Safety Program</i> and have received additional instruction on the specific procedures for safely conducting my work with lasers. I agree to observe these procedures during the course of my work at Indiana University.	
Laser User:	Date:
I hereby confirm that this individual has completed the requirements for working with lasers at Indiana University. I will provide adequate supervision and any additional training necessary to ensure and that all laser safety procedures are observed during the course of his/her work in my laboratory.	
Principal Investigator:	Date: