Old Dominion University

Laser Safety Committee

Application for Laser System Supervisor Status

This application must be approved by the Laser Safety Officer. Complete both pages of this form and return it to the Environmental Health and Safety Office.

Name:_____ **Date:**_____

Office:_____ _____
Building **Room No.**

Department:_____ **Title:**_____

Location of Proposed Use:

_____ _____ _____
Building **Room No.** **Phone No.**

Brief Description of Job Duties:

_____

_____

Certification:

The signature below affirms that the applicant has read and will comply with the rules, policies and procedures of Old Dominion University's Laser Safety Committee. The applicant accepts the responsibility for maintaining current knowledge of those rules, policies, and procedures governing the use of lasers and laser systems. The applicant also assumes the responsibility for promptly informing the Committee of significant changes in the operation and operating characteristics of the laser or laser system, and of relocation of the laser or laser system, and personnel changes.

Signature:_____