

**BOSTON COLLEGE  
LASER WORKER REGISTRATION FORM**

Fill out all applicable information in sections 1 & 2 of this form

**SECTION 1: INFORMATION**

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Name (Last, First, MI): \_\_\_\_\_

Date: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_ email: \_\_\_\_\_

Office (rm. #): \_\_\_\_\_ Ext.: \_\_\_\_\_

Laboratory (rm. #): \_\_\_\_\_ Ext.: \_\_\_\_\_

Project Supervisor/Principal Investigator: \_\_\_\_\_

Brief Description of work w/ Lasers:

Laser Class: \_\_\_\_\_ Mode (CW or pulsed): \_\_\_\_\_ Medium: \_\_\_\_\_

Max Wavelength (nm): \_\_\_\_\_ Is the laser Tunable (Y/N): \_\_\_\_\_

Max Power of lasers (if known – mW or mJ): \_\_\_\_\_

Description of work with lasers:

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SECTION 2: PREVIOUS EXPERIENCE WITH LASERS

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1. Have you had previous experience with LASERS - Y/N (If No please continue to #3)?

Yes\_\_\_\_ No\_\_\_\_

Laser Type:\_\_\_\_\_ Laser Class: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

2. Have you had any exposure to LASER in amounts know (or suspected) to be above the ANSI Z136.1 – 2014 maximum permissible exposure?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Unknown: \_\_\_\_\_

3. **I have read the Boston College Laser Safety Manual regarding the use of LASERS. I have attended the Laser Safety Training and was afforded the opportunity to ask questions addressing any concerns I have relating to LASER use. I agree to comply with all applicable Boston College rules and regulations governing the safe use of lasers at this facility.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 3: INTERVIEW (to be completed by the LSO)

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Surveillance Recommended:

Eye Exam: \_\_\_\_\_ Other: \_\_\_\_\_

Section 4: Termination (to be completed by the LSO)

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Surveillance Recommended:

Eye Exam: \_\_\_\_\_ Date: \_\_\_\_\_