

**PART A: MIT Laser / Laser Systems Registration**

<b>SECTION I. General Information</b>				
Department/DLC:		Building/Room:		
Principal Investigator	Last name, First name	Kerberos ID	Phone:	Bldg/Room#:
Laser Supervisor	Last name, First name	Kerberos ID	Phone:	Room#:
EHS Representative	Last name, First name	Kerberos ID	Phone:	Room#:
<b>SECTION II. Laser Inventory</b>				
<p>Please list all Class 3B and Class 4 lasers used under this registration in the <a href="#">Part B MIT Laser Inventory</a> form. Attach additional forms as necessary.</p> <p style="text-align: center;"> <input type="checkbox"/> Attached           <input type="checkbox"/> Not attached         </p>				
<b>SECTION III. Laser Safety Procedure</b>				
<p>A Laser Safety Procedure is required for each Class 3B and Class 4 laser system. Multiple lasers used for the same setup may qualify as one laser system. Please complete a separate Laser Safety Procedure for each laser or laser system. The <a href="#">Part C Laser Safety Procedure</a> template can be downloaded to be modified for each system specific need.</p>				
<b>SECTION IV. Authorized Personnel</b>				
<p>All personnel authorized to use laser systems under this registration must complete the following before commencing work with lasers:</p> <ul style="list-style-type: none"> <li>• Laser Safety Training (EHS00371c/w)</li> <li>• Laser Specific Training (EHS00375)</li> <li>• Laser Worker Registration Form (RP-50 Laser)</li> </ul>				
<b>SECTION V. Certification and Signatures</b>				
<p>I acknowledge the following:</p> <ol style="list-style-type: none"> <li>a) My laboratory will comply with the requirements of the <a href="#">MIT Laser Safety Program</a>.</li> <li>b) Laser safety procedures will be established for each laser system and made available.</li> <li>c) Laser users under this registration will complete all required training, have training records up to date, and have received appropriate information about the hazards associated with the laser system(s).</li> <li>d) All visitors are provided appropriate training covering the hazards in the laser laboratory. The visitor shall also be provided with appropriate personal protection equipment.</li> <li>e) The Radiation Protection Program will be notified of any changes to the laser system that may affect the hazards or risks from these changes.</li> </ol>				
Person completing this form (Print Last, First Name)				Date
Principal Investigator (Print Last, First Name)		Signature		Date