



Laser Worker Registration

Radiation Protection Program

SECTION I. Information			
<input type="checkbox"/> MIT Campus <input type="checkbox"/> MIT Lincoln Laboratory			
Laser Worker	Last, First Name	MIT ID ID/LL Badge #	email
	Lab Bldg./Room	Lab phone #	Phone # Office Bldg./Room
Department/ Group	PI/Project Supervisor/Group Leader	Last, First Name	
Brief description and types of laser(s) including class to be used in experiments.			
SECTION II. Previous Experience with Laser(s)			
Previous experience with LASER(s): <input type="checkbox"/> YES <input type="checkbox"/> NO			
LASER Type: _____ LASER Classification: _____			
Description:			
Have you had any exposures to LASER radiation in amounts know (or suspected) to be above the ANSI Z136.1 maximum permissible exposure?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
I have (will) attend(ed) the Laser Safety Training and was (will be) afforded the opportunity to ask questions addressing any concerns I have related to laser use. I agree to comply with all applicable MIT Radiation Protection Program procedures and regulations governing the safe use of lasers at MIT.			
Name (Last, First Name)	Signature	Date	
TO BE COMPLETED BY RADIATION PROTECTION			
Reviewed by:			Date
Medical Surveillance Recommended: Baseline Eye Examination: <input type="checkbox"/>			