



Laser Operator Qualification Card

Name:

Date of Issue:

Laser System:

Laser ID#

Prerequisites: (To be determined by the Work Area Supervisor)

- General Laboratory Safety Training
- Laser Safety Training

- Electrical Safety (or N/A)
- Chemical Safety (or N/A)
- Mechanical Safety (or N/A)

Knowledge Requirements: Demonstrate knowledge of the following by satisfactorily completing an oral examination by the designated individual:

<u>REQUIREMENT</u>	<u>QUALIFIED SIGNATURE / DATE</u>
1. Laboratory Orientation	_____/_____ Work Area Supervisor
2. Describe laser, lasing medium, and principle of operation	_____/_____ Laser Instrument Specialist
3. Describe wavelength(s) and mechanisms to adjust where applicable	_____/_____ Laser Instrument Specialist
4. Describe energy (joules), pulse width, and rep rate or power (watts)	_____/_____ Laser Instrument Specialist
5. What is the laser class and the required OD for laser eye protection	_____/_____ Laser Instrument Specialist
6. Describe the engineering and administrative safety protocol specific to this laser	_____/_____ Laser Instrument Specialist
7. Locate startup, shutdown, operations, and maintenance procedures	_____/_____ Laser Instrument Specialist
8. Discuss the responsibilities of the Laser Instrument Specialist for this laser	_____/_____ Laser Instrument Specialist

Practical Factors: Satisfactorily complete the following practical factors under the supervision of a qualified operator:

<u>REQUIREMENT</u>	<u>QUALIFIED SIGNATURE / DATE</u>
9. Startup & shutdown laser/system according to procedure	_____/_____
10. Operate laser/system according to procedure	_____/_____
11. Identify all beam paths and respective hazards	_____/_____

Qualification Certification: Satisfactorily complete a comprehensive oral examination covering all the knowledge and practical requirements of this qualification:

_____/_____
Work Area Supervisor

_____/_____
Laser Safety Officer

Return to Operations Administrative Assistant when complete