



LASER USER REGISTRATION FORM

(Une version française est disponible)

Return this form to:
OCRO - Laser Safety Specialist
laser.safety@uottawa.ca



☐ New ☐ Amendment

Laser User Information

Surname: _____ First Name: _____ Employee / Student No.: _____
 Faculty: _____ Department: _____ Position: _____
 Office Room: _____ Lab Room: _____ Supervisor: _____
 Phone or Ext.: _____ Lab Ext: _____ E-mail: _____

Permit Holder

Surname: _____ First Name: _____ Phone or Ext.: _____
 Permit Number: _____ E-mail: _____

Lab Supervisor

Surname: _____ First Name: _____ Phone or Ext.: _____

SECTION 1: INFORMATION ON LASERS YOU WILL BE USING

Location: _____ Laser ID(s): _____
 Class: _____ Wavelengths: _____ ☐ Open Beam ☐ Embedded

SECTION 2: RISK MITIGATION

Please describe your experimental techniques, strategies and procedures to mitigate the risk to yourself and others during laser use. Take this opportunity to consider all possible hazards (beam and non beam) introduced by your proposed experiment.

New or existing experimental setup? ☐ New ☐ Existing Will others lasers be operating at the same time? ☐ Yes ☐ No Working alone/ with others/ with supervision?

What protective equipment or products will you use? (include any details)

What hazards does your experiment introduce? (consider both beam and non-beam hazards)

Briefly describe the Standard Operating Procedures (SOPs) you require and follow in your use of this laser

Location

SECTION 3: TRAINING AND EXPERIENCE

Visit our website (<https://www.uottawa.ca/about-us/administration-services/office-risk-management/my-safety/laser>) and follow the Training Requirements.

Have you taken the theoretical laser safety course?
(as per uOttawa Laser Safety Training Requirements)

☐ Yes
☐ No

Training Date:

Describe the types of laser systems you have used in the past and years of experience:

Describe the type of past laser training received

Date

Institution

SECTION 4: PRACTICAL TRAINING

Fill in the details of your in-lab training in the following boxes. This table is **to be completed by the new user**.

Actions

(examples)

Describe how these actions are addressed in your lab

(if not applicable, type N/A and describe why it is N/A)

Optics Handling

(cleaning, mounting)

Beam Handling

(safe viewing methods, keeping
entryway below MPE, barrier
material)

Laser Media and Solvents

(handling gases, liquid dyes,
solvents, MSDS)

Emergencies

(fire, leak/spill, evacuation)

Non-beam hazards

(electrical, air contaminants,
lab clean-up, substrates)

Laser Maintenance

(SOPs, trained by whom)

Trainer Name: _____

Signature: _____

DECLARATION AND SIGNATURE

I hereby declare that I have been informed of the risks associated with the lasers mentioned herein. I agree to abide by all the conditions associated with the permit under which I will be working. I have completed all the interim training requirements (if applicable).

Signature: _____

Date: _____

Lab Supervisor's Signature: _____