

## Laser Safety Program Training Certification

After reading the Purdue Laser Safety Guidelines, please complete and return a copy of this form to your supervisor or Designated Trained Individual (DTI). By signing below you acknowledge that you are aware of the Laser Safety Program. Your supervisor or DTI will provide additional information and training as appropriate.

|                                       |                            |
|---------------------------------------|----------------------------|
| _____<br>Employee name (please print) | _____<br>Training date     |
| _____<br>Employee signature           | _____<br>Department        |
| _____<br>Supervisor's Name            | _____<br>Training given by |

Supervisors/DTIs:

Please keep a copy of this certification page and distribute completed forms to:  
Environmental Health & Safety (SB, room SB G48)