

# **The George Washington University**

## **Employee Acknowledgement of Training on Laser Safety**

I have received training and information on the hazards associated with operating lasers. I have reviewed a copy of The George Washington University Laser Safety Manual. I agree to observe and follow the safe work practices outlined in this training session, as well as the standard operating procedures for the laser systems I will be working with.

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**Employee Name (Please print)**

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**Principal Investigator/Laser Owner**

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**Employee Signature**

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**Date**

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**Trainer (if Class 3B or 4)**

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**Date**

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