



Cornell University

Medical Laser User Authorization

Laser User Name: _____ NetID/
GuestID: _____

Designated Laser Supervisor: _____ System
location: _____

Laser System: _____

I have completed the following laser safety training (check when complete):

- ☐ [EHS 2396 - Medical Laser Safety - Workday](#)
- ☐ Review the Standard Operating Procedure for the laser system
- ☐ Receive hands-on training from the Designated Laser Supervisor or their designee
- ☐ Know the laser key storage location
- ☐ Know how to set up laser treatment controlled area (LTCA)
- ☐ Know how to assemble laser delivery systems and accessory equipment
- ☐ Know how to choose and wear proper laser safety goggles
- ☐ Know how to position laser, footpedal, and delivery systems

Laser User Signature: _____ Date: _____

Designated Laser Supervisor Signature: _____ Date _____

Designated Laser Supervisor: retain completed authorization forms in the binder with the standard operating procedure for the laser system.