



Cornell University

Medical Laser User Authorization

Laser User

Name: _____ NetID/ _____

Designated

Laser

Supervisor: _____

GuestID: _____

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.