

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433**

Laser Operator Record

Name _____ Phone _____

Department _____

Laboratory Location

Campus _____ Building/Room _____

Laser Operation Beginning Date _____

Medical (Eye) Test

Prior to Assignment

After Termination

Cornea _____

Retina _____

Authorized Physician's Signature

Date

Training

A. Basic Laser Information _____

B. Laser Operation Training _____

C. Laser Safety Training _____

LSO Signature

Date