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| **AUTHORIZED PERSONNEL – LASER SUPERVISOR** |
| **Name(First, Last)**Click here to enter text. | **Email**Click here to enter text. |

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| **AUTHORIZED PERSONNEL – LASER WORKERS** |
| **Name(First, Last)** | **Position****(PI, Grad, PostDoc, Staff, etc.)** | **Email** | **Medical Clearance Given?**(yes/no/na) | **Laser Safety Training Completed?** [**Link**](http://www1.uwindsor.ca/chemicalcontrol/laboratory-safety-orientation-checklist-0)(yes/no) |
| *e.g. Rillo Cree* | *grad* | *crillo@uwindsor.ca* | Yes [x]  No [ ]  NA [x]  | Yes [x]  No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Lab safety contact designate? Yes [ ]  / No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Lab safety contact designate? Yes [ ]  / No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  NA [ ]  | Yes [ ]  No [ ]  |

**Note:**

1 – Laser Worker(s) shall have taken the laser safety training, wear appropriate laser safety goggles and other PPE, when applicable, and receive specific hands-on training from Laser Supervisor or their designate before operating laser/laser systems.

**Lab Safety Contact Designate:** Principal Investigatorsare ultimately responsible for the health and safety of their research space. To assist with this responsibility, the Principal Investigator can designate a lab safety contact from their Authorized Personnel List to serve as an additional contact person to receive information from the Research Safety Committee. This designate will be carbon copied on all correspondence. This individual is usually a senior technician or lab manager and should be familiar with the policies and procedures governing lab safety and relevant documents.