

SECTION II: PREVIOUS EXPERIENCE WITH LASER(S)

1. Previous experience with laser(s):

Laser Type: _____ Classification: _____

Description: _____

2. Have you had any exposures to laser radiation in amounts known (or suspected) to be above the ANSI Z136.1-1993 maximum permissible exposure?

Yes: _____ No: _____ Unknown: _____

3. **I have received and read the MIT Laser Safety Program regarding the use of lasers at MIT. I have attended the RPP Laser Safety Lecture and was afforded the opportunity to ask questions addressing any concerns I have relating to laser use. I agree to comply with all applicable MIT RPP rules and regulations governing the safe use of lasers at MIT.**

Signature: _____ Date: _____

SECTION III: INTERVIEW (to be completed by RPO)

1. Interviewed by: _____ Date: _____

2. Medical Surveillance Recommended:

Eye Examination: _____ Other: _____ Eye Form Provided: Yes __ No __

SECTION IV: TERMINATION (to be completed by the RPP)

1. Processed by: _____ Date: _____

2. Medical Surveillance Recommended:

(a) Eye Examination: _____ (b) Other: _____

COPY TO LASER SAFETY LIAISON: Yes __