

UNIVERSITY OF HOUSTON
Radiation Safety Manual
Laser Sub-registration Amendment Form

Principal Investigator:
Permit #:

Department:
Phone:

ADD: Authorized User* _____ Location _____ Laser _____ Laser Procedure** _____

DELETE: Authorized User _____ Location _____ Laser _____ Laser Procedure _____

(Final disposition of deleted equipment must be given including scrapped, cannibalized, or final destination)

**Complete page 2 if adding user(s).*

***Use additional sheets to describe the procedure.*

Details:

Laser(s) Data:

Manufacturer	Model	Serial #	Max Output	Wavelength	Type	Active/ Stored

I certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

Signature of Principal Investigator

Date

Signature of Radiation Safety Officer

Date

Approved by Radiation Safety Committee _____

Date

UNIVERSITY OF HOUSTON

Radiation Safety Manual

	1. PI Responsibilities (Please initial before each responsibility below.)	
	I have provided training to employee using the specified Laser make, and model. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment (PPE) and accompanying equipment.	
	Employee has been trained initially and will be trained annually thereafter. Their knowledge, competence and practices shall be evaluated and documented.	
	I have implemented a safety program and will include this information in the SOP for that Laser.	
	I have limited access to Lab and or equipment to authorized users only.	
	I have implemented practices to minimize the possibility of injury while using the specified Laser and or associated equipment.	
	I have developed a Standard Operating Procedures (SOP) for Start-up/Shut-down, and operation of the specified Laser. The Standard Operating Procedures (SOP) has a contingency plan in the case of an emergency.	
	I will provide all requested information to the Radiation Safety Officer via email at ehs@uh.edu or by phone at 713-743-5858	

PI Name: _____

PI E-Mail: _____

PI Signature: _____

PI PSID #: _____

Date: _____

	2. Future Authorized User Responsibilities (Please initial before each responsibility below.)	
	I have received training and understand the risks of this specific Laser make and model. The training included a discussion of the known and potential hazards and an explanation of the relevant policies, techniques and procedures including the proper use of personal protective equipment and accompanying equipment.	
	I have agreed with my PI to be trained initially and annually thereafter. My knowledge, competence and practices have been evaluated and documented.	
	My PI has provided me with a copy or instructed me on how to obtain a copy of the SOP for that Laser.	
	I have read, and understand the Standard Operating Procedures (SOP) for Start-up/Shut-down, and operation of the specified Laser. I am also aware of the actions required during an emergency.	
	I will use the training I have received from my PI to minimize the possibility of injury while using the Laser or associated equipment.	
	I understand that as an authorized user I may have limited access to the lab, or equipment and will not allow anyone that is not authorized to use the equipment or enter the lab.	
	I will report any malfunctions or safety concerns to my PI as they become apparent, and if they cannot be, or are not resolved, I will notify the Radiation Safety Officer via email at ehs@uh.edu or, by phone at 713-743-5858.	

AU Name: _____

AU E-Mail: _____

AU Signature: _____

AU PSID #: _____

Date: _____