

**The University of Southern Indiana  
Employee Acknowledgement of Training  
on Laser Safety**

I have received training and information on the hazards associated with operating lasers. I have reviewed a copy of The University of Southern Indiana Laser Safety Manual. I agree to observe and follow the safe work practices and standard operating procedures outlined in this training session.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer

\_\_\_\_\_  
Date

