Registration of Laser Worker

Title: __________ Last Name: ______________ Other Name(s): _______________________

Position: ________________________________________________________________

Department: __________________________________________________________________

Contact Phone No: _____________________ E-mail: _____________________________

Staff/Student No: __________________________________________________________________

Laser System(s) intend to work with:

<table>
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<tr>
<th>Class</th>
<th>Type</th>
<th>Power</th>
<th>Wavelength</th>
<th>Location</th>
<th>Reg. No.</th>
<th>Supervisor</th>
<th>Remark</th>
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I declare that I have read through the Laser Safety Program of the HKUST, understand and will comply with all the statements listed.

_________________________________   _________________________________
Signature (Applicant)                              Date

_________________________________   _________________________________
Signature (Laser System Supervisor)                                       Date

User of class III and IV lasers must attend a laser safety class and receive a laser eye examination prior to their laser work.

To be filled by Laser Safety Officer:

Laser Safety Course Attendance: ________________________________

Eye Exam Date: ________________________________

______________________________             _______________________
LSO                    Date