

**Laser Specific Training Documentation Form**

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| Laser Supervisor: |  | Laser ID: |  |
| Laser Location: |  | Laser Type: |  |

Your signature below indicates that you have received training on the laser system listed above. The training includes the Standard operating procedure, alignment procedures, maintenance procedures, and emergency procedures as applicable associated with the listed laser.

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| Date | Printed Name of Person Receiving Training | Signature of Person Receiving Training | Name of Person Giving Training |
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