



Laser Loan Form

Organization that will receive the class 3B or class 4 laser

Legal Name: _____

Address: _____

Laser Model: _____

Description of intended use: _____

Designated Laser Safety Officer of the organization that will receive the laser

Name: _____

Phone: _____

Job Title: _____

E-mail: _____

Please attach a certificate of training, or equivalent, from a laser safety training program that satisfies the requirement of the current standard ANSI Z 136.1.

By signing below, I certify, that this laser is used in a manner consistent to the requirements of the current ANSI Z 136.1 standard, I will ensure that all persons using this device, or within the Nominal Hazard Zone, have received training commensurate with the type of laser device and the environment in which it is to be used. I hereby accept full responsibility for the safe and proper operation of this device.

Signature of the
Laser Safety Officer:

Date: _____

Authorized person of the organization that will receive the laser

Name: _____

Phone: _____

Job Title: _____

E-mail: _____

By signing below, I certify, that I am authorized to receive this laser device, I acknowledge that the laser device is dangerous and represents a serious risk of the health and safety for humans if it is not used properly. Our organization will ensure that the laser is not used in a manner that will endanger public safety or violate any Canadian safety regulations. I hereby accept full liability for any litigations or claims resulting from the use of this device.

Signature: _____

Date: _____