



**Western University  
Laser Safety Awareness Record**

**Permit Holder** \_\_\_\_\_ **Permit #** \_\_\_\_\_ **Building** \_\_\_\_\_

<b>Name</b>	<b>Employer or Institution</b>	<b>Supervisor</b>	<b>Work or Home Address</b>	<b>Work or Home Phone Number</b>	<b>Date</b>	<b>Attendee's Signature</b>

**The Laser Safety Awareness Training can be taken here:**  
<http://www.uwo.ca/hr/safety/topics/laser/awareness1.html>