



**Western University
Laser Safety Awareness Record**

Permit Holder _____ **Permit #** _____ **Building** _____

Name	Employer or Institution	Supervisor	Work or Home Address	Work or Home Phone Number	Date	Attendee's Signature

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