

**THE UNIVERSITY OF TOLEDO
LASER OPERATOR RECORD**

Name Phone

Department

Laboratory Location

Building/Room

Laser Operation Beginning Date

Medical (Eye) Test

	Prior to Assignment Date	After Termination Date
Cornea		
Retina		

Training

	√	
A. Basic Laser Information		
B. Laser Operation Training		
C. Laser Safety Training		

LSO Signature

Date
