



Texas Department of State
Health Services

LASER SAFETY OFFICER FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION – REGISTRATION BRANCH
Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787
Email: XRAYregistration@dshs.texas.gov

Laser Safety Officer (LSO) requirements are in 25 Texas Administrative Code (TAC) §289.301. See the requirements below and submit appropriate documentation. Document laser experience in the center section of this form.

Note: Use only for Laser and Laser Services.

LASER SAFETY OFFICER (LSO) INFORMATION

NEW REGISTRATION	LSO CHANGE	RENEWAL	REGISTRATION #:	
Legal Name of Business: _____				
Business Phone No.: _____		LSO Phone No.: _____		
LSO Name: _____ <small>Individual's Full Name (Print or type)</small>				
LSO email address: _____ Correspondence will be sent to this email.				

Submit documentation of laser education and training or document laser experience. The following are examples of what will qualify as an LSO.

- Education related to laser radiation safety or a laser safety officer course (e.g. training certificates, etc.); **or**
- Experience in the use and familiarity of the type of equipment or services registered; **and**
- Knowledge of potential laser radiation hazards, laser emergency situations, and the appropriate response to an injury.

Do you have knowledge of potential laser radiation hazards, laser emergency situations, and the appropriate response to an injury? **Yes** **No**

DOCUMENTATION OF LASER DEVICE EXPERIENCE FOR LSO DESIGNEE:

This section is to be completed by individuals who are not licensed practitioners.

Name of Facility	Dates of Employment (from-to)	Type and Class of Laser Device

LSO SIGNATURE

A digital signature must be certified to be accepted.

I certify that I will fulfill the duties and accept the responsibilities of LSO as required in 25 TAC §289.301.

Signature

Date

Licensing Board Number