



Texas Department of State Health Services

LASER SAFETY OFFICER FORM

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

ZZ113-120

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

Note: Do not use this form for Mammography, Medical Radiation Machines, Industrial Radiation Machines, Industrial Radiography - NDT, or Radiation Machines Services.

LASER SAFETY OFFICER (LSO) INFORMATION

Form with checkboxes for NEW FACILITY and CHANGE LSO, and fields for REGISTRATION #, Legal Name of Business, Phone No., Fax No., LSO Designee, LSO Phone No., and LSO email address.

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

- Education courses 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 registered for: and
Knowledge of potential laser radiation hazards and laser emergency.

DOCUMENTATION OF LASER DEVICE EXPERIENCE FOR LSO DESIGNEE:
This section to be completed by individuals who are not licensed practitioners.

Table with 3 columns: Name of Facility, Dates of Employment (from - to), and Type and Class of Laser Device.

SIGNATURES

Signature section for LSO and President/Previous LSO/CEO/COO/CFO/Partner/Owner, including certification text and signature/date fields.