



Texas Department of State
Health Services

LASER SAFETY OFFICER FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION – REGISTRATION BRANCH
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: _____
Individual's Full Name (Print or type)

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 _____