



Texas Department of State Health Services

LASER SAFETY OFFICER FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION MACHINE SOURCE UNIT
Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 834-6717
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 RSO, 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

LSO: I certify that I will fulfill the duties and accept the responsibilities of LSO as required in 25 TAC §289.301, as applicable. Signature, Date, Licensing Board Number.

PRESIDENT, PREVIOUS LSO, CEO, COO, CFO, PARTNER, OR OWNER: I acknowledge that the individual listed above is qualified to serve as, and carry out the duties and responsibilities of the Laser Safety Officer for this registration. Printed name, Title, Signature, Date.