

Class 3B/4 Laser Use on UNLV Campuses

Applicability: Any person, company or entity (Person) operating, or intending to operate a non-University of Nevada, Las Vegas (UNLV) owned Class 3B or Class 4 laser on any UNLV property. Such person(s) must have a credentialed Laser Safety Officer (LSO) available, and a written laser safety program present and available at all times during laser operation at UNLV.

LSO Credentials: Must have, at a minimum, either:

1. Successfully completed Laser Safety Officer (LSO) training in an industry-recognized course which has specifically reviewed and approved by the American National Standards Institute (ANSI) Z136.1, "American National Standard for Safe Use of Lasers"; or ANSI Z136.3, "Safe Use of Lasers in Health Care Facilities"; or, ANSI Z136.8, "American National Standard for Safe Use of Lasers in Research, Development or Testing "LSO duties, methods, and evaluations. An example of an industry-recognized course is

- x The visiting LSO or Deputy LSO is responsible for identifying and reporting any ANSI and/or Occupational Safety and Health Administration (OSHA) infraction (e.g. use of compressed tanks, etc.)
- x Every instructor/teacher must be certified competent by the UNLV LSO or Deputy LSO.
- x Any vendor contractor or guest (non-volunteer) who operates a laser on campus for demonstration purposes or other uses will have general liability insurance due to the possible risk. Standard insurance industry limits requirements are \$1,000,000 per occurrence / \$2,000,000 aggregate.
- x Vendor contractor or guest (non-volunteer) agrees to abide by all federal and state laws, regulations, University policies and/or procedures, as may be amended from time to time.

Any company/vendor/distributor/representative (vendor) providing Class 3B/4 laser instruction on any UNLV properties, must comply with any UNLV LSO or Deputy LSO impromptu inspection. If such visit results in a safety violation, that vendor may be barred from future laser events at UNLV.

As an authorized representative of _____, I represent all the above requirements have and are met .

Print Name

Signature

Date

Witness Print Name

Witness Signature

Date