



# Acting System Laser Safety Officer Approval Form

The person named below is being appointed the acting system laser safety officer (SLSO) for the laser facility named below, with SLSO responsibilities and authority as described in [Chapter 10, "Laser Safety"](#), when the SLSO is not available. An SLSO is required for Class 3B or 4 laser facilities (see [Laser Safety: Class 3B and Class 4 Laser Operation Requirements](#)).

The signatures below are required for assignment, acceptance, and approval.

Laser facility name and location: \_\_\_\_\_

## Assignment

Laser Facility Program Manager

\_\_\_\_\_  
Name Signature Date

Laser Facility System Laser Safety Officer (SLSO)

\_\_\_\_\_  
Name Signature Date

## Acceptance

Acting System Laser Safety Officer (SLSO)

\_\_\_\_\_  
Name Signature Date

## Approval

SLAC Laser Safety Officer (LSO)

\_\_\_\_\_  
Name Signature Date