

Laser Audit:

Group: _____

Room: _____

Audit Performed by: _____

General Information:

Laser System

- a. Type of Laser(s): _____
- b. Serial Number(s): _____
- c. Power(s) _____

If an item is checked, a corrective plan is needed. A copy of this form is given to the Group Safety representative at the completion of the inspection. The group is responsible for developing a corrective action plan at the next group meeting. The plan is then submitted to the Laser Safety Officer within one month of the inspection.

Controls

- 1. Interlock on protective housing. If removed:
- 2. Access restriction
- 3. Eye protection
- 4. Correct OD
- 5. Integrity good
- 6. Clean
- 7. Area controls
- 8. Barriers, shrouds – nonflammable, withstand beam at entryway
inside controlled area
- 9. Beam stops
- 10. Administrative controls

Describe: _____

- 11. Interlock on service control panel
- 12. Master Switch key control
- 13. Viewing portals reduce exposure to below MPE
- 14. Collecting optics use _____ to control exposure
- 15. Enclosed beam path
- 16. Unenclosed beam path – Laser Hazard Analysis done

- 17. LHA recommendations followed
- 18. Remote interlock connector (example, panic button)
- 19. Beam stop or attenuator
- 20. Activation warning system: _____light, _____audible
- 21. Verbal countdown employed
- 22. Emission delay
- 23. Controls for LGAC
- 24. Blocking barrier or screens at entryway in controlled area
- 25. Facility windows protected with noncombustible material able to withstand beam & does not generate toxic fumes
- 26. Entryway safety controls (safety latches, interlocks, mats)
- 27. Labels on equipment
- 28. Area signs – Danger warning
- 29. PPE (eye above)
- 30. Skin for UV
- 31. Respirators
- 32. SOPs
- 33. Beam alignment
- 34. Gas purging systems
- 35. Scrubber maintenance
- 36. Capacitor maintenance
- 37. Only authorized personnel
- 38. Medical surveillance completed for authorized personnel
- 39. Other: _____

Item No.	Corrective Action and Person Assigned	Target Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Plan completed by: _____ Date _____

Faculty Member: _____ Date _____