



LASER SAFETY INSPECTION CHECKLIST

Section A: Contact Information (Permit Holder)

Permit Holder: _____

Contact Person: _____

Contact Extension #: _____

Department/Faculty: _____

Location(s) of Inspection: _____

Date/Time: _____

Classes of Lasers in this Inspection:

Class 4

Class 3b

Class 3a

Class 2

Class 1 embedded

Posted Documentation and Security Measures

	Class 4	Class 3b	Class 3a	Class 2	Class 1 embedded	<u>Compliance Code</u>	<u>Priority Code</u>
1. Access door interlocks & status panel functional: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.06	3
2. Access door signs current format, emergency contact current: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.02	2
3. Posting on ancillary doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.02	2
4. Current Procedures available: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M-ES-PP.03	3
5. Eyewear requirements posted: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.02	2
6. Interlock check sheet available & current : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.06	3
7. Alignment procedure (class 3b & 4): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.04	2
8. Interlock check procedures available for complicated systems: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.06	3
9. Are two or more Class 3B or 4 lasers operating at different wavelengths simultaneously: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
10. If so, is it addressed in the procedures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.04	2

Laser unit safety controls:

11. Laser classification labels present on commercial units: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.02	2
12. Protective housings in place: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.09	2
13. Beam shutters interlocked & functioning as per interlock _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.02	2
14. Interlock bypass functioning (≤ 15 seconds): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.06	3

Engineering and Administrative Laser Safety Controls:

15. Lasers & optics secured to table: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.09	2
16. Beam properly contained (Not a hazard to persons sitting or standing): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.09	2
17. Beams enclosed where available: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.09	2
18. Noncombustible, non-specular beam barriers in place: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-IS-LA.08	1B

- | | | | | | |
|--|----------------------------|----------------------------|-----------------------------|------------|----|
| 19. Adequate controls where beams leave tables or leave enclosures: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.09 | 2 |
| 20. All beams attenuated or low power when practical: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.09 | 2 |
| 21. Windows/door openings covered: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.09 | 2 |
| 22. Beams blocked from open by-passed doors: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.08 | 1B |
| 23. Non-essential reflective materials out of beam paths & surroundings: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.09 | 2 |
| 24. Administrative controls employed, barriers, demarcated: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.02 | 2 |
| 25. Upward directed beams are labeled: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.02 | 2 |

Other Safety Measures

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|---|----------------------------|----------------------------|-----------------------------|------------|----|
| 26. Laser eye exams by all personnel (3b and 4 lasers): _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-GE.18 | 2 |
| 27. Proper eyewear in use by all personnel, ODs OK? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.10 | 1B |
| 28. Does one pair of eyewear cover all wavelengths? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | N/A | |
| 29. Are separate pairs of eyewear used for different wavelengths? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | N/A | |
| 30. Proper storage of eyewear, where? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.11 | 2 |
| 31. Proper skin protection available & employed _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.10 | 1B |
| 32. Have workers completed required training? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-TR.01 | 2 |
| 33. Have workers completed On Job Training for laser align _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-TR.01 | 2 |
| 34. Has OJT for alignment work been documented? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-TR.03 | 3 |
| 35. Collecting optics used (microscopes, binoculars, telescopes)? _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.09 | 2 |

Non-beam Hazards:

- | | | | | | |
|---|----------------------------|----------------------------|-----------------------------|------------|---|
| 36. High voltage hazards minimized: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | N/A | |
| 37. Optical tables bonded to building ground: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.05 | 2 |
| 38. Optical Tables seismically secured: (if no, how many?): _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-SP.07 | 3 |
| 39. Housekeeping fire hazards minimized: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-GE.01 | 3 |
| 40. Good housekeeping on optical tables: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | M-ES-GE.01 | 3 |
| 41. Fiber optic use done according to procedures and proper practice: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.03 | 2 |
| 42. Container for fiber sharps: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.03 | 2 |
| 43. Fiber ends/connectors labeled: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.03 | 3 |
| 44. Fiber conduit labeled: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | S-IS-LA.03 | 3 |
| 45. Other non-beam hazards minimized: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA | N/A | |