

Laboratory for Laser Energetics

University of Rochester

LASER SAFETY SURVEY

(ONE LASER PER FORM)

THE FOLLOWING INFORMATION IS REQUIRED BY THE UNIVERSITY

Room no. _____ Room name _____

Responsible Individual & Group _____

Emergency Contact _____

LASER INVENTORY	MANUFACTURER (IF IN-HOUSE, THEN LLE) _____
	MODEL (IF LLE, THEN NAME OF SYSTEM) _____
	SERIAL NUMBER (IF ANY) _____
	Hazard CLASSIFICATION (CLASS 1, 2, 3a, 3b, or 4) _____
	YEAR MANUFACTURED _____
	TYPE (CW OR PULSED) _____
	Description (LASING MEDIUM) _____
	MAXIMUM OUTPUT _____
	OPERATIONAL WAVELENGTH(S) [nm] _____
	PULSE WIDTH/REPETITION RATE _____
	Beam DIVERGENCE _____
	EMERGENT BEAM DIAMETER _____
	Operational (active/inactive)? _____
LLE Tag No. (if any) _____	
Purpose _____	

Please answer the following questions with Y (yes), N (no), or NA (not applicable)

Documentation

- Have all laser operators had laser-safety orientation? _____
- Have all laser operators had eye exams? _____
- Will all operators of this laser be qualified? _____
- Has the principal investigator approved the operating procedures? _____
- Have all laser operators been informed of emergency procedures? _____
- Are there any laser operators who are students? _____
- Where are the written operating procedures located? _____

Personal Protective Equipment — Goggles

- Do operators wear laser-safety goggles? _____
- Are goggles available for visitors? _____
- Are all goggles labeled? _____
- Are non-laser-safety goggles stored with laser goggles? _____

(continued on reverse side)

LLE Laser Safety Survey (cont.)

Personal Protective Equipment — Other

- Are gloves available for UV use? _____
- Is the needed personal protective equipment available for cryogenic liquids? _____
- Is personal protective equipment available for chemicals? _____

Warning System

- Are the appropriate warning signs accurate? _____
- Are there appropriate warning signs on the door? _____
- Are the signs functional? (please contact LSO if bulbs need replacement) _____
- Is the warning system an alarm, warning light, or verbal announcement? _____

Service

- Is this laser built in-house? _____
- Is in-house service available for this laser? _____
- If not, please list the service company's name _____

Beam Paths

- Are beams terminated at the end of the useful path? _____
- Is any beam path at eye level? _____
- Is the laser oriented away from doors and aisles? _____
- Do personnel use jewelry when using lasers? _____
- Are Class 4 beam enclosures fabricated from fire-resistant materials? _____
- Are optical systems aligned using film or devices to minimize eye exposures? .. _____

Unattended Operations

- Is this system operated unattended? _____
- Are the doors locked during operation? _____

After-hours Operations

- Are operators using the "buddy" system? _____
- Are operators signing in with the night monitor? _____

Electrical Safety

- Are energized components enclosed? _____
- Is the laser enclosure properly grounded? _____
- Are extension cords in use? (extension cords are prohibited) _____

Chemical Safety

- Are the chemicals stored properly according to hazard class? _____
- Is secondary containment used for dye lasers & associated equipment (pumps)? _____
- Are Material Safety Data Sheets (MSDS) available for all chemicals? _____
- Are compressed gas cylinders stored properly (upright, labeled, strapped)? _____
- Are halogenated gases used in exhaust system designed for them? _____
- Is a Class B:C fire extinguisher within 50 ft of locations where solvents are used? _____

Signoff _____

Date _____

Print Name _____

Please return this form to the Laser Safety Officer, Eugene Kowaluk (LLE East mailbox)