Laboratory for Laser Energetics  
University of Rochester  
LASER SAFETY SURVEY  
(ONE LASER PER FORM)  
THE FOLLOWING INFORMATION IS REQUIRED BY THE UNIVERSITY

Place a copy of this completed survey, along with a copy of the appropriate laser manufacturer’s specification sheet, in the Laser Safety Binder for the laboratory where the laser is installed/used. Return the original survey to the Laser Safety Officer, Eugene Kowaluk (LLE East mailbox).

Room no. _______ Room name ____________________________________________________________

Responsible Individual(s) & Group __________________________________________________________

Emergency Contact __________________________________________________________

<table>
<thead>
<tr>
<th>LASER INVENTORY</th>
<th>MANUFACTURER (IF IN-HOUSE, THEN LLE) ____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODEL (IF LLE, THEN NAME OF SYSTEM) _________________________________________________</td>
<td></td>
</tr>
<tr>
<td>SERIAL NUMBER (IF ANY) ____________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Laser CLASSIFICATION (CLASS 1, 1M, 2, 2M, 3R, 3B, or 4) _____________________________</td>
<td></td>
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<tr>
<td>YEAR MANUFACTURED ________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>TYPE (CW OR PULSED) ______________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Description (LASING MEDIUM) ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td>MAXIMUM OUTPUT _________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL WAVELENGTH(s) [nm] ___________________________________________________</td>
<td></td>
</tr>
<tr>
<td>PULSE WIDTH/REPETITION RATE ______________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Beam DIVERGENCE _________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>EMERGENT BEAM DIAMETER _________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Operational (Active or Inactive)? _________________________________________________</td>
<td></td>
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<tr>
<td>LLE Tag No. (if any) _____________________________________________________________</td>
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<tr>
<td>Purpose __________________________________________________________________________</td>
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</tbody>
</table>

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

Documentation
• Have all laser operators had laser-safety orientation? .............................................. _____
• 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? _________________________________ _____

(continued on reverse side)
Personal Protective Equipment — Laser Protective Eyewear
- Do operators wear laser-protective eyewear? .......................................................... 
- Is the eyewear available for visitors? ...................................................................... 
- Is all eyewear labeled? ......................................................................................... 
- Is non-laser-safety eyewear stored with laser-protective eyewear? ....................... 

Personal Protective Equipment — Other
- Are gloves and ultraviolet-protective eyewear 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 cameras or devices to minimize eye exposure? .... 

Unattended Operations
- Is this system operated unattended? .................................................................... 
- Are the doors locked or interlocked during operation? ........................................ 

After-hours Operations
- Are operators using the “Buddy System”? ......................................................... 
- Have the operators received approval from their supervisor? ............................. 

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 associated equipment (pumps)? ...................... 
- Are Safety Data Sheets (SDS) 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 ____________________

2003.10.22, revised 2017.07.24, EKowaluk