

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 _____

L A S E R I N V E N T O R Y	MANUFACTURER (IF IN-HOUSE, THEN LLE) _____
	MODEL (IF LLE, THEN NAME OF SYSTEM) _____
	SERIAL NUMBER (IF ANY) _____
	Laser CLASSIFICATION (CLASS 1, 1M, 2, 2M, 3R, 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 or 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? _____
- 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)

LLE Laser Safety Survey (cont.)

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 _____