 Laser Safety Program

**Laser Hazard Evaluation**

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| **Assessor Name:** | **Email:** |
| **Telephone:** | **Department:** |
| **Room:** | **Date:** |
| **Brief Description of the Experiment** |
|  |
| **Laser Specifications** |
|  | **Laser 1** | **Laser 2** | **Laser 3** |
| **Laser Class 3B or 4** |  |  |  |
| **Manufacturer** |  |  |  |
| **Model** |  |  |  |
| **Continuous Wave or Pulsed** |  |  |  |
| **Maximum Power** |  |  |  |
| **Wavelength Range** |  |  |  |
| **Wavelength in Use** |  |  |  |
| **Beam Shape** |  |  |  |
| **Diameter or Dimensions** |  |  |  |
| **Beam Divergence** |  |  |  |
| **Engineering Control Measures** |
| Protective Housing | **□** Yes  | **□** No |
| Interlocks on Removable Protective Housing | **□** Yes | **□** No |
| Service Access Panel | **□** Yes | **□** No |
| Key Control | **□** Yes | **□** No |
| Viewing Windows, Display Screens and Collecting Optics | **□** Yes | **□** No |
| Nominal Hazard Zone for Fully Open Beam Path | **□** Yes | **□** No |
| Nominal Hazard Zone for Limited Open Beam Path | **□** Yes | **□** No |
| Laser Radiation Emission Warning | **□** Yes | **□** No |
| Class 4 Laser Controlled Area | **□** Yes | **□** No |
| Entryway Controls | **□** Yes | **□** No |
| Protective Barriers and Curtains | **□** Yes | **□** No |
| **Explanation for any “No” Answers Above** |
|  |
| **Administrative Controls** |
| Standard Operating Procedures | **□** Yes | **□** No |
| Output Emission Limitations | **□** Yes | **□** No |
| Laser-Specific Training | **□** Yes | **□** No |
| Authorized Personnel | **□** Yes | **□** No |
| Laser Controlled Area | **□** Yes | **□** No |
| Nominal Hazard Zone | **□** Yes | **□** No |
| Controlled Operations | **□** Yes | **□** No |
| Outdoor Control Measures | **□** Yes | **□** No | **□** N/A |
| Alignment Procedures | **□** Yes | **□** No |
|  |  |  |
|  |  |  |
| **Non-Beam Hazards** |
| **Hazard** | **Control(s)** |
| Electrical: |  |
| Chemical: |  |
| Pressure: |  |
| Thermal: |  |
| Waste: |  |
| Reaction/Activation Products: |  |
| Radiation: |  |
| X-ray: |  |
| Laser-generated Air Contaminants: |  |
| UV: |  |
| Noise: |  |
| **Other Hazards and Controls** |
| **Hazard** | **Control(s)** |
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|  |  |
|  |  |
| **Persons Who May Be at Risk** |
| **Name** | **Trained Laser User?** |
|  | **□** Yes | **□** No | **□** N/A |
|  | **□** Yes | **□** No | **□** N/A |
|  | **□** Yes | **□** No | **□** N/A |
|  | **□** Yes | **□** No | **□** N/A |
|  | **□** Yes | **□** No | **□** N/A |
| **Laser Safety Eyewear** |
| **Manufacturer** | **Wavelength** | **Emission Type** | **Scale Number** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **Emergency Actions** |
| In the event of an emergency, it is important to understand the control measures below: |
| Fire | ✓ Switch off the power supply to the laser if it is safe to do so.✓ Do not put yourself in danger.✓ Activate the fire alarm.✓ As long as it does not compromise your safety, you can attempt to extinguish the fire with the appropriate equipment.✓ Evacuate to an assembly point. |
| Laser Eye Injury | ✓ If an accident occurs, seek help from someone nearby.✓ Press the emergency button to disable laser(s).✓ Do not hesitate to call 911 if the injury is severe.✓ Report to Emergency Room even if you believe the injury is minor.✓ Report to your supervisor as soon as you are able. |
| **ALL ACCIDENTS/INCIDENTS MUST BE REPORTED TO THE LASER SAFETY OFFICER AND ENVIRONMENTAL HEALTH & SAFETY.**  |
| **Signatures** |
| **Assessor’s Signature** | **Date** |
| **Authorizing Signature (LSO)** | **Date** |