

UNIVERSITY OF MASSACHUSETTS LOWELL
Laser Audit Form

Location of Laser System: _____ Name of Laser User: _____
 Verified Laser User Training Complete: _____ Date: _____
 Laser permit authorization up to date: _____
 Laser Class: _____ OD: _____ Wavelength: _____ nm
 Laser Class: _____ OD: _____ Wavelength: _____ nm
 Laser Class: _____ OD: _____ Wavelength: _____ nm

I. LASER POSTING, LABELING AND SECURITY MEASURES:

Y N N/A

- Entrance warning sign properly posted: Comments: _____
- Room security adequate: Comments: _____
- Entryway protective barriers: _____
- Door interlock system (defeatable/non-defeatable): Comments: _____
- Entryway protected control zone: Comments: _____
- Laser status indicator outside room: Comments: _____

II. EYEWEAR:

Y N N/A

- Laser eye protection available: Comments: _____
- Eyewear condition adequate: Comments: _____

OD	Pertinent wavelength	Qty.	OD	Pertinent wavelength	Qty.

III. LASER UNIT SAFETY CONTROLS:

Y N N/A

- Laser hazard and class label in place: Comments: _____
- Laser aperture label in place: Comments: _____
- Protective housing in place: Comments: _____
- Laser not at eye level: Comments: _____
- Key control should be present: Comments: _____
- Laser activation indication on console: Comments: _____

IV. ENGINEERING SAFETY CONTROLS:

Y N N/A

- Emergency shutoff available: Comments: _____
- Laser and optics secured to table: Comments: _____
- Reflective materials kept out of beam path: Comments: _____
- Beam barriers in place and adequate: Comments: _____
- Interlock present on embedded class 3B or 4 lasers _____
- Beam stops in place: Comments: _____
- Windows in room covered: Comments: _____
- No physical evidence of stray beams: Comments: _____

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Optional Information

- Beam condensed or enlarged: Comments: _____
 Beam intensity reduced through filtration: Comments: _____
 Fiber optics used: Comments: _____
 Beam path is enclosed: Comments: _____
 Beam shutter functioning: Comments: _____
 Beam power meter: Comments: _____

V. ADMINISTRATIVE SAFETY CONTROLS:

Y N N/A

- Emergency contact list up to date and posted: Comments: _____
 Laser safety guidelines posted: Comments: _____
 Laser safety policy manual available: Comments: _____
 Lab specific SOP's up to date: Comments: _____
 Lab specific Alignment procedures: Comments: _____
 Proper skin protection is available (UV and >1400nm): Comments: _____

VI. NON-BEAM HAZARDS:

General housekeeping: (CLEAN, FAIR, MESSY) _____

A **YES** response for the items below indicates that the hazard is handled safely:

Y N N/A

- Fire hazards (Class 4 only): Comments: _____
 LGAC production (Class 4 only): Comments: _____
 Electrical shock: Comments: _____
 Collateral radiation hazard (>15KV power supply): Comments: _____
 Explosion hazards: Comments: _____
 Cryogen handling: Comments: _____
 Compressed gases: Comments: _____
 Toxic laser media: Comments: _____
 Fume hood working: Comments: _____

VII. NEW LASER SYSTEM INFORMATION: Fill out only if new lasers are found.

Laser Type: CW Pulsed Laser Class: 3B 4

Manufacturer: _____ Model: _____

Serial Number: _____

Wavelength: _____ nm Output (max/used): _____ W J

Beam Diameter at Aperture: _____ mm Beam Divergence: _____ mrad

Pulse Duration: _____ sec Pulse Frequency: _____ Hz

NOTES: _____

