**Laser Lab Self-Inspection Form**

Annual audits of lasers, laser systems, and/or associated optical systems are useful for identifying any deficiencies in a lab’s laser setup and can provide focus areas for laser safety improvements. Inspections should also be conducted when changes to experimental operations are made. Below are items that should be reviewed by the PI and/or LS. These items will also be checked by the Laser Safety Officer during any scheduled inspections.

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| --- | --- | --- | --- |
| **Signs and Labeling** | **Yes** | **No** | **N/A** |
| 1. Are all lasers, laser systems, and Laser Control Areas (LCA) properly labeled? |  |  |  |
| 2. Do signs contain appropriate information (class of laser, power, wavelength, required PPE)? |  |  |  |
| 3. Are all signs and labels in good condition and legible? |  |  |  |
| 4. Do signs conform to ANIS Z136.1 and ANSI Z535 standards? |  |  |  |
| **Training and Documentation** |  | | |
| 1. Have all laser users completed the UHS on-line laser safety module? |  |  |  |
| 2. Have all personnel completed annual lab-specific laser training? Documented? |  |  |  |
| 3. Has your lab-specific training program been reviewed by the Laser Safety Officer? |  |  |  |
| 4. Have all laser accidents, incidents, or near misses been documented? |  |  |  |
| **Communication** |  | | |
| 1. Is the Laser Safety Officer consulted prior to purchasing, transferring, or disposing of lasers or laser systems? |  |  |  |
| 2. Is your laser inventory up to date? |  |  |  |
| **Hazard Analysis Documentation** |  | | |
| 1. Has a hazard analysis been conducted for each laser or laser system and documented? |  |  |  |
| 2. Does this documentation address both beam and non-beam hazards? |  |  |  |
| **Standard Operating Procedures (SOPs)** |  | | |
| 1. Have SOPs been developed detailing the safe use of lasers or laser systems? |  |  |  |
| 2. Have alignment procedures been developed and documented? |  |  |  |
| 3. Has the Laser Safety Officer reviewed and approved all SOPs? |  |  |  |
| 4. Are all authorized users listed in the SOPs? |  |  |  |
| **Personal Protective Equipment** |  | | |
| 1. For Class 3B and Class 4 lasers and laser systems, are laser safety glasses available for all personnel? |  |  |  |
| 2. Is laser eyewear of the correct OD, wavelength, and visible light transmission? |  |  |  |
| 3. For IR or UV lasers or laser systems, is additional protective clothing and other skin protection available? |  |  |  |
| **Safety Controls** |  | | |
| 1. Are windows and ports covered to prevent a stray beam from entering an uncontrolled area? |  |  |  |
| 2. Are barriers/screens rated for the power/energy of the laser? |  |  |  |
| 3. Are all protective housings intact and interlocks tested? |  |  |  |