

Laser Safety Self Audit/Inspection Form

This form must be completed and submitted to the Laser Safety Officer (LSO) once a year to prepare for the annual laser safety inspections. Please maintain a copy of completed form for your lab records.

Contact LSO at kucukse@auburn.edu or call at 334-844-6238 for further questions.

Laser Owner/PI	E-mail	Building	Room
Class/Type	Model	Serial Number	Manufacturer

Please indicate YES if complaint, NO if not complaint, N/A if not

	YES	NO	NA		Comment
Laser Posting, Labelling and Security Measures					
Entrances properly posted with appropriate warning signs					
Lasers properly labeled					
Room and laser security adequate					
Only authorized personnel permitted in laser area					
Door, blocking barrier, curtain, etc. at all entryways					
Entryway interlock system present					
Entryway interlock system functioning					
Laser warning indicator/light outside room					
Laser Unit Safety Controls					
Protective housing in place					
Interlock on housing					
Interlock on housing functioning					
Access panel for service					
Beam shutter/attenuator present					
Control measures to prevent unauthorized activation					
Key control					
Password protected computer access					
Laser activation warning system in place					
Remote interlock connector					
In-house service for laser					
Company service for laser					
Engineering Safety Controls					
Laser secured to table					
Laser optics secured to prevent stray beams					
Exposed beam path not at normal eye level					
Upward directed beams					
Enclosed beam path					
Limited open beam path					
Totally open beam path					

Beam barriers in place				
Appropriate barrier material used				
Beam stops in place				
Microscope used for viewing (example – TIRF)				
Microscope eye pieces filtered				
Remote viewing of beam (example – CDD camera)				
Beam focused or enlarged				
Beam intensity reduced through filtration (ND filters)				
Fiber optics used				
Reflective materials kept out of beam path				
Physical evidence of stray beams				
Class 4 diffuse reflective hazards minimized				
	YES	NO	NA	Comment
Administrative Safety Control Measures				
Laser is registered and inventoried with the Laser Safety Officer at Auburn University				
Written Standard Operating Procedures (SOP) available				
SOP up-to date				
SOP read and signed by PI and users				
Written alignment procedures included in SOP				
Emergency procedures included in SOP				
All laser users have completed Auburn University online Laser Safety training				
All laser users have completed on-the-job/hands-on hazard specific laser safety training offered by PI				
Training records has been kept and updated				
Appropriate action taken for spectator/visitor control				
All lab personnel know how to access the Laser Safety Manual on Risk Management and Safety website				
Any homebuilt or modified laser has been classified				
Log is kept showing laser use, service and maintenance				
Users clearly identified in log				
	YES	NO	NA	Comment
Personal Protective Equipment				
Proper laser eye protection available				
OD and wavelength are correct for use				
Enough eye protection for all users				
Proper skin protection available for UV lasers				
Gloves and/or lab coats or UV block				
No loose clothing				
	YES	NO	NA	Comment
Non-Beam Hazards				
Toxic laser media in use				
Hazardous laser media stored properly				
Fume hood for dye mixing				
Proper disposal of chemical wastes				

Cryogenics in use				
Compressed gas in use				
Gas cylinders properly restrained				
Laser generated air contaminants (LGAC) produced				
High voltage power hazard				
Electrical panels unobstructed				
Optical table/equipment grounded				
Explosion hazard				
Collateral and plasma radiation hazard				
Fire hazard				
Noise/vibration hazard				
Good housekeeping				

Additional Comments:

Certification: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify that all information on this form and additional supporting information submitted with this form are true and complete to the best of my knowledge.

Signature: _____

Date: _____