

**UNIVERSITY OF NEVADA, LAS VEGAS
RADIOLOGICAL SAFETY OFFICE
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Laser System Evaluation

Evaluated By: _____ Date of Evaluation: _____
 Laser Serial #: _____ Date of Last Evaluation: _____
 Location of Laser System: _____ Laser User: _____

1. LASER DETAILS & ANALYSIS:

| | | | | |
|---------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Laser Details & Analysis Attached: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Control Area (Facility) Map Attached: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Laser System Modified Since Last Evaluation. If yes, explain below. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | | | |
|----------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Purpose of Use Changed Since Last Evaluation. If yes, explain below. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|----------------------------------------------------------------------|--------------------------|-----|--------------------------|----|

2. HAZARD IDENTIFICATION:

Beam (Visible& Invisible) Hazard

Non-Beam Hazard

| | | |
|-----------------------------------------|--------------------------|------------------------|
| <i>High Voltage Power</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Laser-Generated Air Contaminants</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Ionizing Radiation (X-rays)</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>UV, VL, IR</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Plasma</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>RF Emission</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Fire</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Explosion</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Dyes</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Compressed gasses</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Cryogenes</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Liquid Nitrogen</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |
| <i>Toxic laser media</i> | <input type="checkbox"/> | <i>Comments:</i> _____ |

Noise

Comments: _____

Work Space & Ergonomics

Comments: _____

3. HAZARD MITIGATION:

3.1. LASER POSTING, LABELING, SECURITY & ADMINISTRATIVE CONTROLS:

Present

Entrances Posting:

Comments: _____

“LASER IN USE” indication light:

Comments: _____

Lab Posting:

Comments: _____

Door interlock system:

Comments: _____

Laser class, hazard, aperture labels:

Comments: _____

SOP :

Comments: _____

3.2. LASER UNIT SAFETY CONTROLS:

Present

Interlock on housing

Comments: _____

Interlock on housing function:

Comments: _____

Beam shutter:

Comments: _____

Key operation:

Comments: _____

Laser activation indicator on console:

Comments: _____

Beam power meter:

Comments: _____

3.3. LASER ENGINEERING SAFETY CONTROLS:

Present

Laser optics secured:

Comments: _____

Laser NOT at eye level:

Comments: _____

Beam enclosure:

Comments: _____

Beam barriers:

Comments: _____

Beam stops:

Comments: _____

Remote viewing of beam:

Comments: _____

Room windows cover:

Comments: _____

Reflective materials out of beam path:

Comments: _____

3.4. OTHER LASER SAFETY MEASURES:

Present

Skin protection:

Comments: _____

Training requirement:

Comments: _____

Emergency shutoff:

Comments: _____