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Laser Facility Inspection

Rev. 01/15/10

Surveyor: _____ Date of Inspection: _____
 Location of Laser: _____ PI: _____
 Contact during survey: _____

1. Laser System(s) information:

Laser type: _____ Laser class: _____ Laser make: _____
 Laser model: _____ Laser serial: _____
 Wavelength: _____ nm Out put power (max/used): _____/_____ W or J (indicate one)
 Output type: CW Pulsed (pulse duration): _____ pulse frequency: _____ Hz)
 Laser status (indicate one): active, inactive Laser beam (indicate one): enclosed open beam

2. Laser Warning Label Posting:

Entry ways and controlled areas: _____ Laser system marking: _____
 Laser status indicator outside room: _____ Laser aperture: _____

3. Laser Security:

Room security (lock) : _____ Door interlock: _____

4. Laser System Safety Controls:

Protective housing in place: _____ Interlock in housing and functioning: _____
 Beam shutter present: _____ Key operation: _____
 Console laser activation indicator: _____ Beam power meter: _____
 Emergency shutoff available: _____

5. Engineering Controls:

Laser secured to table: _____ Laser optics secured to prevent stray beam: _____
 Laser beam eye level sitting/standing: _____ Beam barriers in place: _____
 Beam stop in place and secured: _____ Remote viewing of beam: _____
 Windows in room covered: _____ Reflective material in beam path: _____
 Diffuse reflection hazard in beam path: _____ Stray beam burn marks: _____

6. Administrative Controls:

Standard Operating Procedure: _____ Alignment procedure: _____
 Proper laser eye protection available: _____ Laser user training and education: _____
 Skin protection available: _____ Visitor/spectator policy: _____
 Laser safety manual: _____ Service personnel policy: _____

7. Non-beam hazards:

High voltage hazard: _____ Toxic laser media in use: _____
 Facility for chemical dye mixing: _____ Cryogens in use: _____
 Compressed gas in use: _____ X-ray hazard: _____
 Toxic fume hazard: _____ Fire hazard: _____
 Explosion hazard: _____

8. Comments: