

West Texas A&M University Laser Safety Program

Laboratory Laser Survey

PERSONAL INFORMATION

Permittee _____ Title/Position _____
Dept. _____ Office Phone _____ Mail Stop _____

Email _____

Laboratory LSO (Indicate if different from permittee)

LASER INFORMATION

Location _____ Type (Dye, Gas, etc.) _____
_____ Manufacturer: _____ Model: _____

Serial # _____ WTAMU or Inventory # _____

Please complete the following questions with a Yes, No, or N/A.

1. Labels and Signs

Is the correct warning label affixed to the laser? _____

Are signs posted clearly near the laser _____

Are all accesses to the room properly posted? _____

Is a label, sign, or warning posted near the aperture? _____

Is a label or warning posted near an interlock? _____

2. Engineering Controls

Does each laser have a key switch or entry password? _____

Is appropriate safety eyewear provided and present? _____

Do safety covers have interlocks? _____

Are latches or interlocks provided to restrict access _____

to the controlled area? _____

Are all warning devices functioning within design specifications? _____

Are any items in or near beam paths which could cause specular reflections? _____

Is a physical barrier present at the controlled area entry? _____

3. Procedural Controls

Is each laser registered properly? _____

Is access to the NHZ restricted? _____

Does each person have required training? _____

Is the SOP for the laser present at the control? _____

Are curtains up and used (If required)? _____

Is documentation available? _____