



Texas Tech University Health Sciences Center

Laser Safety Inventory and Evaluation

Principle Investigator: _____ Department: _____
 Facility: _____ Room/Lab No: _____ Date: _____

Laser/Laser System

Laser Type:	Laser Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4
Laser Manufacturer:	Activity Status: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Occasional
Laser Model No:	Laser Serial No:
Maximum Power (Watts):	Maximum Energy (Joules):
Operational Wavelengths (nm):	Beam Diameter @ Aperture:
<input type="checkbox"/> Continuous Wave (CW) <input type="checkbox"/> Single Pulse (< 1 Hz) <input type="checkbox"/> Repetitive Pulse (> 1Hz)	

Hazard Analysis

Maximum Permissible Exposure (MPE):	Nominal Hazard Zone (NHZ):
Optical Density Required:	

Area and Administrative Controls

	Yes	No	N/A		Yes	No	N/A
Written SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Window Covering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entry Controls/Barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Stray Beam Burns in Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IR Viewing Systems Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Warning Signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Interlock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection Provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Non-Beam Hazards

	Yes	No	N/A		Yes	No	N/A
Noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Extension Cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Light Level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entry Controls/Barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Stray Beam Burns in Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of Compressed Gas Cylinder(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of Flammable Chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of Toxics/Dyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection Provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Equipment Performance Features

	Yes	No	N/A		Yes	No	N/A
Equipped with Beam Attenuator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Key Switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer Label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser Class Label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser Type Label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments

Texas State Government Privacy Policies (Government Code):

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