



# Texas Tech University Health Sciences Center

## Medical Laser Incident Investigation Report

**THIS FORM MUST BE FILED IMMEDIATELY WITH THE LASER SAFETY OFFICER**

Please type or print clearly

Name of Person Completing Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Department: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Department Location: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_

Location of Incident (include physical address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personnel Involved (include continuation sheet, if necessary)**

Name	Title	Telephone

Is Physician/Operator laser credentialed?       Yes    No      Date credentialed: \_\_\_\_\_

Have other individuals involved had appropriate laser safety training?       Yes    No

Describe training: \_\_\_\_\_

\_\_\_\_\_

**Laser System Involved**

Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_

Serial No: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Laser Type: \_\_\_\_\_ Maximum Power: \_\_\_\_\_ Class: \_\_\_\_\_

Other Equipment/Accessories Involved: \_\_\_\_\_

Date of last scheduled Preventive Maintenance (PM) check: \_\_\_\_\_

Date(s) of other unscheduled service calls (previous 12 months; provide documentation): \_\_\_\_\_

Previously reported laser system problems: \_\_\_\_\_

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**Describe the incident (include continuation sheet, if necessary)**

Patient/Injured Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure being performed: \_\_\_\_\_

Description of Injury (location, severity, etc.): \_\_\_\_\_

Laser Power Setting Used: \_\_\_\_\_

Duration of the procedure: \_\_\_\_\_

Physician/Operator evaluation of how injury occurred (include continuation sheet, if necessary): \_\_\_\_\_

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**Follow-up on Patient/Injured condition:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

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Has laser been used since the incident?  Yes  No

Additional Comments: \_\_\_\_\_

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Investigator Signature

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Date

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Investigator printed name

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Reviewer Signature

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Date

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Reviewer printed name

Texas State Government Privacy Policies (Government Code):

1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.