**Laser Safety Self-Audit Checklist**

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| **Building/Room:** | **Completed by:** |
| **Principal Investigator:** | **Date:** |
| **Directions:*** Please review and complete the document below.
* Any deficiencies that require corrective actions must be documented in the “Corrective Actions” section below.
* If a corrective action cannot be completed, please provide an explanation in the “Corrective Actions” section.
* Submit the completed form to the Laser Safety Officer – Wendy Barrows – wbarrows@wayne.edu
* Documents must be returned no later than the end of the month from request.
* Maintain a copy of the completed form with your safety documents.
* Review corrective actions and any changes to your safety protocols with all users.
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| **Documentation and Training** | **Yes** | **No** | **N/A** |
| 1. Laser is registered with the LSO?
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| 1. Standard Operating Procedures are submitted to LSO?
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| 1. Alignment procedures are written into the SOP?
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| 1. Laser users attended appropriate training (via WSU CITI TRAINING)?
 |  |  |  |
| 1. Laser users have received laser specific training (via lab instruction)?
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| 1. Users have signed the SOP?
 |  |  |  |
| 1. Is the SOP available at or near the laser device?
 |  |  |  |
| 1. Have there been any near misses or incidents?
 |  |  |  |
| **Posting and Communications** | **Yes** | **No** | **N/A** |
| 1. Warning/Danger LASER signage posted outside laser-controlled area?
 |  |  |  |
| 1. Does the LASER signage indicate the eyewear required to operate the laser?
 |  |  |  |
| 1. A warning light is available and or turned on when laser is operational?

It is required for Class 4 lasers, and open beam Class 3b lasers. |  |  |  |
| 1. Is there clear and correct PI contact information posted outside the controlled laser area?
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| **Safety Conditions** | **Yes** | **No**  | **N/A** |
| 1. Is the correct laser eyewear available at the entry to the controlled space?
 |  |  |  |
| 1. Are beam stops or beam dumps present and secured to the table at the end of the beam path?
 |  |  |  |
| 1. Are windows and ports which could allow laser beam to stray outside the controlled areas covered?
 |  |  |  |
| 1. Beam is enclosed as much as possible?
 |  |  |  |
| 1. Is the optical table free of reflective items?
 |  |  |  |
| 1. Are there curbs around the laser table? If not, can they be installed?
 |  |  |  |
| 1. Controls are located so that the operator is not exposed to beam hazards?
 |  |  |  |
| 1. Are power outlets overloaded? (No chaining of power supply strips)
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| 1. Gas cylinders are properly secured?
 |  |  |  |
| 1. High voltage equipment appropriately grounded and labeled?
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| **Corrective Actions:** |
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