

# LASER SYSTEM EVALUATION FORM

Evaluated By: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_  
 Laser Serial #: \_\_\_\_\_ Date of Last Evaluation: \_\_\_\_\_  
 Location of Laser System: \_\_\_\_\_ Laser User: \_\_\_\_\_

## 1. LASER DETAILS & ANALYSIS:

Laser Details & Analysis Attached:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Control Area (Facility) Map Attached:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Laser System Modified Since Last Evaluation. If yes, explain below.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Purpose of Use Changed Since Last Evaluation. If yes, explain below.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## 2. HAZARD IDENTIFICATION:

### Beam (Visible& Invisible) Hazard

### Non-Beam Hazard

<i>High Voltage Power</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Laser-Generated Air Contaminants</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Ionizing Radiation (X-rays)</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>UV, VL, IR</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Plasma</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>RF Emission</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Fire</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Explosion</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Dyes</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Compressed gasses</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Cryogenes</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Liquid Nitrogen</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Toxic laser media</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Noise</i>	<input type="checkbox"/>	<i>Comments:</i> _____
<i>Work Space &amp; Ergonomics</i>	<input type="checkbox"/>	<i>Comments:</i> _____

**3. HAZARD MITIGATION:**

**3.1. LASER POSTING, LABELING, SECURITY & ADMINISTRATIVE CONTROLS:**

**Present**

Entrances Positioning:	<input type="checkbox"/>	Comments: _____
“LASER IN USE” indication light:	<input type="checkbox"/>	Comments: _____
Lab Posting:	<input type="checkbox"/>	Comments: _____
Door interlock system:	<input type="checkbox"/>	Comments: _____
Laser class, hazard, aperture labels:	<input type="checkbox"/>	Comments: _____
SOP :	<input type="checkbox"/>	Comments: _____

**3.2. LASER UNIT SAFETY CONTROLS:**

**Present**

Interlock on housing	<input type="checkbox"/>	Comments: _____
Interlock on housing function:	<input type="checkbox"/>	Comments: _____
Beam shutter:	<input type="checkbox"/>	Comments: _____
Key operation:	<input type="checkbox"/>	Comments: _____
Laser activation indicator on console:	<input type="checkbox"/>	Comments: _____
Beam power meter:	<input type="checkbox"/>	Comments: _____

**3.3. LASER ENGINEERING SAFETY CONTROLS:**

**Present**

Laser optics secured:	<input type="checkbox"/>	Comments: _____
Laser NOT at eye level:	<input type="checkbox"/>	Comments: _____
Beam enclosure:	<input type="checkbox"/>	Comments: _____
Beam barriers:	<input type="checkbox"/>	Comments: _____
Beam stops:	<input type="checkbox"/>	Comments: _____
Remote viewing of beam:	<input type="checkbox"/>	Comments: _____
Room windows cover:	<input type="checkbox"/>	Comments: _____
Reflective materials out of beam path:	<input type="checkbox"/>	Comments: _____

**3.4. OTHER LASER SAFETY MEASURES:**

**Present**

Skin protection:	<input type="checkbox"/>	Comments: _____
Training requirement:	<input type="checkbox"/>	Comments: _____
Emergency shutoff:	<input type="checkbox"/>	Comments: _____