

Laser Audit Checklist

Principal Investigator: _____

Building: _____ Room #: _____

Auditor: _____ Date: _____

Laser systems audited/inventoried:

Number	Status

Administrative Controls

Audit Item	S	U	Comment
All lasers registered with DRS			
Lab Safety Plan covers laser operation/alignment			
Alignment procedure calls for minimum power/energy			
Personnel have had annual training			
Area appropriately posted			
All lasers and barriers labeled			

PPE

Audit Item	S	U	Comment
Adequate eye protection available			
Eyewear in good condition			
Eyewear suitable for specific wavelength(s)			
Eyewear optical density is adequate			
Eyewear worn inside the NHZ			
Semi-annual eyewear inspection documented			
Gloves, clothing, or shields available (Class 4 only)			

Engineering Controls

Audit Item	S	U	Comment
Protective housing in place			
Safety interlocks perform as intended			
Laser mounted on stable platform			
Beam not at eye level			
Beam control adequate			
Warning system (visual or aural) available			
Entryway control present			
Access is restricted			
Rapid exit pathway available			
Emergency disconnect switch available			
Controls to minimize fire hazard sufficient			