

Sample Laser Standard Operating Procedure

Laser:

Date:

Department/Division: Location:

LASER SAFETY CONTACTS

Laser Safety Officer _____ Phone: _____

Maintenance/Repair _____ Phone: _____

Medical Emergencies _____ Phone: _____

LASER DESCRIPTION

Location of laser or laser system (site, building, room).

Diagram of area layout (attachment).

Description of laser, including classification, lasing medium, and beam characteristics (divergence, aperture diameter, pulse length, repetition rate, and maximum output, as applicable.)

Purpose/application of beam(s).

LASER SAFETY PROGRAM

Clearly outline each category below:

Responsibilities of the laser operator(s)

Laser Training Requirements

Laser Registration Requirements

Personnel Protective Equipment Requirements

Disposal Requirements

OPERATING PROCEDURES

Initial preparation of laboratory environment for normal operation (key position, outside status indicator on, interlock activated, warning sign posted, personnel protective equipment available, other):

Target area preparation:

Special Procedures (alignment, safety tests, maintenance tests, other):

Operating procedures (power settings, Q-switch mode, pulse rate, other) are as follow:

Shutdown procedures are as follows:

CONTROL MEASURES

LASER/LASER SYSTEM CONTROLS

Check if applicable

- | | |
|--|--|
| <input type="checkbox"/> Entryway (door) Interlocks or controls | <input type="checkbox"/> Laser Enclosure interlocks |
| <input type="checkbox"/> Laser Housing Interlocks | <input type="checkbox"/> Emergency Stop/Panic button |
| <input type="checkbox"/> Master Switch (operated by key or code) | <input type="checkbox"/> Laser secured to base |
| <input type="checkbox"/> Beam Stops/Beam Attenuators | <input type="checkbox"/> Protective Barriers |
| <input type="checkbox"/> Warning Signs | <input type="checkbox"/> Reference to Equipment manual |
| <input type="checkbox"/> Extra Eyewear Available | |

HAZARDS AND CONTROLS

Check if applicable and note design controls

- | | |
|---|---|
| <input type="checkbox"/> Unenclosed beam/ Access to direct or scattered radiation | <input type="checkbox"/> Laser at eye level of person sitting or standing |
| <input type="checkbox"/> Ultraviolet Radiation/ Blue Light Exposure | <input type="checkbox"/> Reflective Material in Beam Path |
| <input type="checkbox"/> Hazardous Materials/Waste(dyes, solvents, other) | <input type="checkbox"/> Fumes/Vapors |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Capacitors |
| <input type="checkbox"/> Compressed Gasses <input type="checkbox"/> Fire | <input type="checkbox"/> Trip Hazard |
| <input type="checkbox"/> Housekeeping | |

COMMENTS:

OPERATOR REVIEW

I have read and understood this procedure and its contents, and agree to follow this procedure each time I use the laser or laser system.

Name (print), Signature, Date:

[illegible]