



THE UNIVERSITY OF
CHICAGO

Office of Radiation Safety
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Laser Eyewear

Audit and Inventory Form

Date:

Please complete this form and submit to the Laser Safety Officer.

A. Eyewear Inspection Information

Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laser ID (Y####):	Eyewear Manufacturer:	Eyewear Model:	Qty:	OD(s):	Wavelength(s):	Passed** Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No

** Attenuation material must be clean and free of scratches, cracks, pits, discoloration, and coating damage. Frames on glasses shall have good mechanical integrity and goggles shall be free of weak elastic bands.

G. Person Completing This Form

Name (please print):	Signature:	Date:
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Comments: