

## Appendix A - Sample Laser Standard Operating Procedure

Laser:	Date:
Department/Division:	Location:

### 1. LASER SAFETY CONTACTS

Laser Safety officer \_\_\_\_\_ Phone: \_\_\_\_\_  
Maintenance/Repair \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Emergencies \_\_\_\_\_ Phone: \_\_\_\_\_

### 1. LASER DESCRIPTION

- Location of laser or laser system (site, building, room).
- Diagram of area layout (attachment).
- Description of each 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).

### 2. 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

### 3. 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:

#### 4. CONTROL MEASURES

LASER/LASER SYSTEM CONTROLS		
Check if applicable	CONTROL	COMMENTS
<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	
<input type="checkbox"/>		

COMMENTS:

HAZARDS AND CONTROLS		
Check if applicable	HAZARD	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"/>	Housekeeping	
<input type="checkbox"/>	Trip Hazard	

COMMENTS:

5. PERSONNEL PROTECTION EQUIPMENT

A. Eyewear

LASER EYEWEAR					
For this laser....			... Wear this eyewear		
Acquisition#	Type	Wavelength(s) (nm)	Wavelength(s) Attenuated (nm)	Optical Density(OD)	Remarks
Example	Nd:YAG	1064,532	1064,532	5+	UVEX

B. Other Protective Equipment Required within Nominal Hazard Zone

ITEM	LOCATION	USAGE CONDITION
_____	_____	_____
_____	_____	_____

6. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____