

## Sample Facility/ Project-Specific Laser Safety Plan

### Class 3b and Class 4 Laser Systems

**For the operation of...** (Give a brief description of laser or laser system including classification to be acquired):

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### Laser Classification:

For additional information and guidelines, refer to Smithsonian Institution *Safety Manual*, Chapter ##, "Lasers Safety"

Please provide the names, signatures and contact information (address, phone and e-mail) of the other SI personnel responsible for the operation of the laser system.

Supervisor/Principal Investigator: \_\_\_\_\_

Other: \_\_\_\_\_

1. Provide a summary of technical specifications for the laser or laser system and a brief description of the work to be performed with the laser (include a copy of the vendor's specification and classification, if available).
  - a. Wavelength(s)
  - b. Continuous Wave Yes ; No
  - c. Pulsed? Yes ; No  Pulse Duration: \_\_\_\_\_
  - d. Maximum Power or Energy: \_\_\_\_\_
2. Describe the facility/environment in which the laser or laser system will be used (research laboratory, teaching laboratory, medical/surgical laboratory, office, etc.)
3. Attach a standard operating procedure (SOP) for general operation including identification of beam hazards and other hazards related to system operation. Include maintenance and service procedures if not performed by manufacturer's representatives. Describe safety precautions taken to prevent exposure of personnel to levels above the MPE limits. Describe qualifications and training requirements for all personnel including students and observers.
4. Will operation of this laser or laser system involve the presence or any exposure to the general public at any time (such as tours) or any other unusual circumstances?  
Yes ; No ; If Yes, please describe.
5. Will operation of this laser or laser system involve using lasers for health care, medical, or surgical applications to animals or human patients? Yes ; No ; If Yes, please indicate what institutional reviews (IACUC, IRB, etc.) are required/obtained, and include the procedure(s) for which the laser will be used in the SOP.

Please provide the names and signatures of the supervisor/principal investigator, museum/facility director, and/or project lead acquiring the laser or laser system (through purchase or loan).

Supervisor/Principal Investigator: \_\_\_\_\_

Typed Name

Signature

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TO BE COMPLETED BY LASER SAFETY COORDINATOR

PLAN NO. \_\_\_\_\_

LSO ACTION:

- Approved
- Approved with Provisions (see comments)
- Deferred for Revision (see comments)
- Disapproved

COMMENTS:

Laser Safety Coordinator \_\_\_\_\_

Signature

Date