## APPENDIX E: SELF-AUDIT CHECKLIST

PI/Lab Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building & Room #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This checklist can be used by a research group to evaluate the status of the laser safety program in the group’s laboratories. Laboratories operating with DOE or DOD grants may be required to perform annual self-audits of their laser safety program. Audit results provide focus areas for improving laser safety through identifying deficiencies and taking corrective actions.

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| --- | --- | --- |
| Date: | YES | NO |
| 1. All authorized users and their completed laser safety training dates listed in your Laser Safety Manual, tracked on STAR or otherwise available? |  |  |
| 1. Any significant changes to laser system that impact laser exposure and safety documented in procedures and updated in laser safety training Level 2? Laser users have all completed updated training? |  |  |
| 1. Written standard operating, maintenance and alignment procedures kept with the laser equipment or readily available to users? |  |  |
| 1. Have all commercial product Class 3B and 4 lasers and all lasers modified on grounds been registered with the University’s Laser Safety Officer (LSO)? |  |  |
| 1. Are Class 3B and 4 laser labs posted to indicate that laser safe eyewear, by wavelength and optical density (O.D.) is available? Is laser eyewear stored properly and inspected in accordance with inspection and cleaning guidelines (See Appendix G) |  |  |
| 1. Are protective housings intact and interlocks tested or alternative controls reviewed with the LSO and written in your Laser Safety Manual? |  |  |
| 1. Is access to laser(s) controlled to prevent persons being accidently exposed to the laser beams by posting or controlling the entrance? |  |  |
| 1. Are laser controlled areas posted and equipment labeled with approved signs and labels? |  |  |
| 1. Are windows, ports, which could allow a laser beam to stray into uncontrolled areas covered or protected during laser operation? |  |  |
| 1. No exposed wiring or circuits? |  |  |
| 1. Beam stops present at end of all beam paths and non-combustible? |  |  |
| 1. Barriers/screens (if present) non-combustible and no burn holes present? |  |  |
| 1. Is an operational checklist covering the following items performed prior to each operation? 2. Protective eyewear is appropriate for laser operation and is clean/free of damage 3. All beams traced and dumped? 4. Mirror backs covered? 5. Beam path enclosed when possible? 6. Optical bench free of unnecessary reflective items? 7. If beam crosses walkway, are there posted barriers, is a rope or chain place across path during operation? |  |  |

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| --- | --- | --- |
| Deficiencies Found | Corrective Action Identified | Date Corrective Action Taken |
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