

UVA Medical Center – Laser Safety Self-Audit

Date of Audit: _____

Laser Safety Designee Completing Audit: _____

Location: _____

Make & Model of Laser being audited: _____

(clinic, procedure area, unit)

CE Inventory Number: _____

Audit Question	Yes	No	Comments & Action
1. Is there an area-specific laser safety manual, reviewed within the last year, available for each laser and accessible to all laser users?			
2. Is there a manufacturer's operator's manual available for each specific laser?			
3. Are laser warning signs placed on entrances prior to the start of laser procedures?			
4. Are warning signs removed at the end of procedures?			
5. Are only authorized personnel activating the laser?			
6. Does everyone in the room during laser procedures have documented laser safety training?			
7. Is the laser key maintained in a secure location when the laser is not in use?			
8. Is protective eyewear marked with the optical density (OD) and wavelength (WL), and does it match the requirements of the specific laser for which it is used?			
9. Is the protective eyewear in excellent condition (not pitted, scratched, cracked, etc.)? OD and wavelength markings clearly visible?			
10. Are nonfunctional reflecting surfaces near the path of the beam guarded or covered?			
11. Are windows covered with laser safe material prior to operation of laser?			
12. Are entrances controlled during laser usage?			
13. Is the laser turned off when not in use?			
14. Are all electrical cables in good shape?			
15. Is a fire extinguisher located close by?			
16. Are combustible and flammable materials protected so they will not be accidentally exposed to laser beams?			
17. Is a container of water kept close by during cases, in the event of a fire on the patient?			

Scan and return electronically to Mary Ann Thompson, mat9q@virginia.edu, or Fax to 434-982-3833