**Date of Audit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laser Safety Designee Completing Audit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Make & Model of Laser being audited:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(clinic, procedure area, unit) **CE Inventory Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **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? |  |  |  |
| 1. Is there a manufacturer’s operator’s manual available for each specific laser? |  |  |  |
| 1. Are laser warning signs placed on entrances prior to the start of laser procedures? |  |  |  |
| 1. Are warning signs removed at the end of procedures? |  |  |  |
| 1. Are only authorized personnel activating the laser? |  |  |  |
| 1. Does everyone in the room during laser procedures have documented laser safety training? |  |  |  |
| 1. Is the laser key maintained in a secure location when the laser is not in use? |  |  |  |
| 1. 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? |  |  |  |
| 1. Is the protective eyewear in excellent condition (not pitted, scratched, cracked, etc.)? OD and wavelength markings clearly visible? |  |  |  |
| 1. Are nonfunctional reflecting surfaces near the path of the beam guarded or covered? |  |  |  |
| 1. Are windows covered with laser safe material prior to operation of laser? |  |  |  |
| 1. Are entrances controlled during laser usage? |  |  |  |
| 1. Is the laser turned off when not in use? |  |  |  |
| 1. Are all electrical cables in good shape? |  |  |  |
| 1. Is a fire extinguisher located close by? |  |  |  |
| 1. Are combustible and flammable materials protected so they will not be accidentally exposed to laser beams? |  |  |  |
| 1. 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](mailto:mat9q@virginia.edu), or Fax to 434-982-3833 | | | |