**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?
 |  |  |  |
| 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, or Fax to 434-982-3833 |