



**Appendix B
Laser Safety Hazard Evaluation Form**

Laser Safety Hazard Evaluation Form				
Evaluation Date				
Name of person conducting the review				
General Information				
I	Requesting Department/Unit			
II	Location of Equipment – Building and Room Number			
III	Application Description			
IV	PI Name			
5	PI Phone			
6	Other Contact Name			
7	Other Contact Phone			
8	Number of personnel authorized to use or maintain the equipment?			
Laser Information				
I	Manufacturer Name			
II	Laser Model #			
III	Laser Serial Number			
IV	Is laser imbedded	<table border="1"> <tr> <td align="center">Yes <input type="checkbox"/></td> <td align="center">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5	Laser Classification e.g., IIIB			
6	Primary Beam e.g., CO _{II} , Neodymium YAG, HeNe)			
7	Electromagnetic Spectrum e.g., Infrared			
8	Operational Wavelength in um			
Primary Laser Specifications				
I	Maximum Power / Energy in W/J			
II	Beam Divergence in mrad			
III	Beam Size at Laser Aperture in mm			
IV	Beam Size at Lens in mm			

5	Lens Focal Length in mm (Longest)	
6	Fiber Optic in mm	

Personal Protective Equipment		
I	Eye Protection Optical Density	

Engineering Controls				
	Question	Yes	No	N/A
I	Does the protective housing meet Class I Levels?			
II	Is the laser enclosure interlocked?			
III	Are there appropriate warning labels on the laser and apertures?			
IV	Is the master switch key access controlled (required for Class IV Lasers)?			
5	Are there appropriate filters, attenuators in place for viewing portals and collecting optics?			
6	Is there a beam stop or attenuator in place (Class IIIB and IV)?			
7	Is there a laser activation warning system (Class IIIB and IV)? The warning shall be a light or audible tone.			
8	Is there an emission delay (Class IV)?			
9	If a laser controlled area is required under normal operation or maintenance, has it been established?			
10	Are windows and other openings covered by non-reflective material?			

Administrative Controls				
	Question	Yes	No	N/A
I	Is maintenance (example: alignment) conducted at reduced or no power?			
II	Is the SOP written and available? SOP shall include micro switch and alignment methods (Class IIIB and IV).			
III	Have affected personnel received laser safety training?			
IV	Is access to the laser area limited to authorized personnel during normal and maintenance operations?			
5	Are the appropriate signs posted at the entrance to the hazard area?			
6	Are personnel included in the medical surveillance program (Class IIIB and IV only)?			



Other Considerations				
	Question	Yes	No	N/A
I	Is industrial hygiene monitoring for gases or vapors or high noise required?			
(Go to next page.) Comments / Recommendations				
All questions except #1 in Other Considerations that are answered "No," must have a recommendation or recommendations added.				