

UNIVERSITY OF MASSACHUSETTS LOWEL L
Laser Audit Form

Location of Laser System: _____ Name of Laser User: _____
 Verified Laser User Training Complete: _____ Date: _____
 Laser permit authorization up to date: _____
 Laser Class: _____ OD: _____ Wavelength: _____ nm
 Laser Class: _____ OD: _____ Wavelength: _____ nm
 Laser Class: _____ OD: _____ Wavelength: _____ nm

I. LASER POSTING, LABELING AND SECURITY MEASURES:

Y N N/A

- Entrance warning sign properly posted: Comments: _____
- Room security adequate: Comments: _____
- Entryway protective barriers: _____
- Door interlock system (defeatable/non-defeatable): Comments: _____
- Entryway protected control zone: Comments: _____
- Laser status indicator outside room: Comments: _____

II. EYEWEAR:

Y N N/A

- Laser eye protection available: Comments: _____
- Eyewear condition adequate: Comments: _____

OD	Pertinent wavelength	Qty.	OD	Pertinent wavelength	Qty.

III. LASER UNIT SAFETY CONTROLS:

Y N N/A

- Laser hazard and classification in place: Comments: _____
- Laser aperture label in place: Comments: _____
- Protective housing in place: Comments: _____
- Laser not at eye level: Comments: _____
- Key control should be present: Comments: _____
- Laser activation indicator on console: Comments: _____

IV. ENGINEERING SAFETY CONTROLS:

Y N N/A

- Emergency shutoff available: Comments: _____
- Laser and optics secured to table: Comments: _____
- Reflective materials kept out of beam path: Comments: _____
- Beam barriers in place and adequate: Comments: _____
- Interlock present on embedded Class 3B or 4 lasers _____
-

UNIVERSITY OF MASSACHUSETTS LOWEL L
Laser Audit Form

Optional Information

- Beam condensed or enlarged: Comments: _____
- Beam intensity reduced through filtration: Comments: _____
- Fiber optics used: Comments: _____
- Beam path is enclosed: Comments: _____
- Beam shutter functioning: Comments: _____
-