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# LASER INSPECTION FORM

## Class 3b and Class 4 Lasers and Laser Systems

Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Location (Building/Room): \_\_\_\_\_ Department: \_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_ Phone # \_\_\_\_\_ Name of Lab Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Laser Type: \_\_\_\_\_ Class: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Production Class: \_\_\_\_\_

Other Information: \_\_\_\_\_

### LASER POSTING, LABELING AND ROOM SECURITY MEASURES:

Entrances properly posted: Y N Comments: \_\_\_\_\_

Room security adequate: Y N Comments: \_\_\_\_\_

Windows/doorways/open portals in room covered: Y N NR Comments: \_\_\_\_\_

Entryway interlock system: Y N NR Comments: \_\_\_\_\_

Interlock functioning: Y N NR Comments: \_\_\_\_\_

A door, blocking barrier, curtain, etc. at entryway: Y N NR Comments: \_\_\_\_\_

Laser status indicator outside room: Y N NR Comments: \_\_\_\_\_

Laser class label in place: Y N Comments: \_\_\_\_\_

Laser hazard label in place: Y N Comments: \_\_\_\_\_

### LASER UNIT SAFETY CONTROL MEASURES:

Protective housing in place: Y N Comments: \_\_\_\_\_

Interlock on housing: Y N Comments: \_\_\_\_\_

Interlock on housing functioning: Y N Comments: \_\_\_\_\_

Beam shutter present: Y N NR Comments: \_\_\_\_\_

Key control: Y N NR Comments: \_\_\_\_\_

Laser activation warning system (with emission delay) in place: Y N NR Comments: \_\_\_\_\_

Remote interlock connector (emergency shutoff) available: Y N NR Comments: \_\_\_\_\_

### ENGINEERING SAFETY CONTROL MEASURES:

Laser secured to table: Y N Comments: \_\_\_\_\_

Laser optics secured to prevent stray beams: Y N Comments: \_\_\_\_\_

Exposed beam path at normal eye level: Y N NR Comments: \_\_\_\_\_

Enclosed beam path: Y N Comments: \_\_\_\_\_

Limited open beam path: Y N Comments: \_\_\_\_\_

Totally open beam path: Y N Comments: \_\_\_\_\_

Beam barriers in place: Y N NR Comments: \_\_\_\_\_

Beam stops in place: Y N NR Comments: \_\_\_\_\_

Beam intensity reduced through filtration: Y N NA Comments: \_\_\_\_\_

Remote viewing of beam: Y N Comments: \_\_\_\_\_

Reflective materials kept out of beam path: Y N Comments: \_\_\_\_\_

Laser user checking for stray beams: Y N Comments: \_\_\_\_\_

Physical evidence of stray beams: Y N Comments: \_\_\_\_\_

**ADMINISTRATIVE AND PROCEDURAL SAFETY CONTROL MEASURES:**

Standard Operating Procedures (SOPS) are available: Y N NR Comments: \_\_\_\_\_

Alignment procedures are available: Y N Comments: \_\_\_\_\_

Laser operated by authorized personnel: Y N Comments: \_\_\_\_\_

Excessive power/radiant energy accessible for required application: Y N Comments: \_\_\_\_\_

Appropriate action taken for spectator control: Y N NR Comments: \_\_\_\_\_

All supervisors/workers have met the laser safety training requirement as per section 6 of the laser safety program: Y N Comments: \_\_\_\_\_

\_\_\_\_\_

Has homebuilt/modified laser/laser system been classified: Y N Comments: \_\_\_\_\_

Proper laser eye protection available: Y N NR Comments: \_\_\_\_\_

Proper skin protection available: Y N NR Comments: \_\_\_\_\_

**OTHER SAFETY MEASURES:**

All Class 3b/4 lasers and laser systems under the jurisdiction of this PI have been registered as per section 4 of the laser safety program: Y N  
Comments: \_\_\_\_\_

All supervisors/workers have met the laser safety medical surveillance requirement as per section 8 of the laser safety program: Y N  
Comments: \_\_\_\_\_

Accident forms are available and accidents are reported as per section 7 of the laser safety program: Y N Comments: \_\_\_\_\_

**NON BEAM HAZARDS:**

Toxic laser media in use: Y N Comments: \_\_\_\_\_

Hazardous laser media stored properly: Y N Comments: \_\_\_\_\_

Cryogenics in use: Y N Comments: \_\_\_\_\_

Compressed gas in use: Y N Comments: \_\_\_\_\_

Gas cylinders properly restrained: Y N Comments: \_\_\_\_\_

Fume hood for dye mixing: Y N Comments: \_\_\_\_\_

Laser Generated Air Contaminant (LGAC) production: Y N Comments: \_\_\_\_\_

High voltage power hazard: Y N Comments: \_\_\_\_\_

Other electrical hazards: Y N Comments: \_\_\_\_\_

Collateral and plasma radiation hazard: Y N Comments: \_\_\_\_\_

Fire hazard: Y N Comments: \_\_\_\_\_

Explosion hazard: Y N Comments: \_\_\_\_\_

Mechanical hazards: Y N Comments: \_\_\_\_\_

Noise/Vibration hazards: Y N Comments: \_\_\_\_\_

Proper disposal of chemical wastes: Y N Comments: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUMMARY OF ACTION REQUIRED**

Acceptable Safety Practices  
 Improved Safety Measure(s) Required --- **minor issue(s)** to be addressed  
 Improved Safety Measure(s) Required --- **major issue(s)** to be addressed  
 Unacceptable Safety Practice(s) --- Requires action by following date(s): \_\_\_\_\_