

# LBNL Laser Operations Safety Audit Form

Rev 01 26Jun06

## Administration Information

AHD #	AHD Title/Operation Name	Auditor	Date
PI	Laser Supervisor (POC)	Division	Building
			Room

Present during audit

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## Documentation

AHD current (circle) Yes No	All Lasers Listed in AHD (circle) Yes No
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## Laser Information

Number of lasers			
User Manuals present	For All	Some	None
<u>Lasers in storage</u>			
Alignment Lasers in use	Y N	Type/Quantity	HeNe Diode IR
New laser(s), list with specifications on last page			

## Environment

	YES	NO	NA	NOTE
<u>Main entrance Door Posted</u>				
<u>Posting accurate</u>				
<u>Contact information</u>				
<u>Readably visible</u>				
<u>Ancillary doors</u>				
<u>Entry through curtain</u>				
<u>Windows and doors coverings</u>				
<u>Illuminated sign</u>				
<u>Functional</u>				
<u>Access control</u>				
<u>Administratively controlled</u>				

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<b>Environment cont...</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>NOTE</b>
<u>Interlocked</u>				
By pass available				
E-stop present				
Functional				
Last interlock check date: _____				
Interlock functioning				
Written Interlock check procedure				
Interlock to shutters				
Interlock to power supply				
<u>Housekeeping</u>				
On optical table				
In laser use area				
Space at beamline				
<b>Beam Path</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>NOTE</b>
Totally open beam path				
Totally enclosed beam path      Tubes      Panels      Class 1 product      Fiber				
Combination path,      % open      % enclosed				
Lasers & optics secured to table				
Beam properly contained				
Beam blocks				
Perimeter guards				
Other means (describe)				
Beam in line with workstations				
Evidence of laser burns or cross hairs on walls				
Reflections continued				
Beams blocked from directly exiting open door or window				
Beams required to leave table				
Crosses walk way (controls in place)				
Describe				
Passes into adjacent room				
Describe means and controls				

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<b>Beam Path cont...</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>NOTE</b>
<u>Non-essential materials out of beam path</u>				
<u>Upward directed beams</u>				
<u>Blocked</u>				
<u>Labeled</u>				
<u>Collecting optics used in room</u>				
<u>Fiber optics in use</u>				
<u>Fiber ends labeled</u>				
<u>Container for sharps</u>				
<u>Fiber conduit labeled</u>				
<b>Personnel Factors</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>NOTE</b>
<u>Laser eye exam by all laser personnel (EHS288)</u>				
<u>Laser safety training current (EHS280)</u>				
<u>Laser alignment evaluation completed (EHS287)</u>				
<u>Laser hazard awareness completed (EHS289)</u>				
<u>Has staff read AHD?</u>				
<u>Correct eyewear available (OD &amp; wavelength), one pair                      multiple</u>				
<u>Proper storage, where                      outside use area                      inside use area</u>				
<u>Sufficient quantity on hand</u>				
<u>Condition of eyewear: Very Good      Good      Fair      Damaged      labeling problems</u>				
<u>Skin protection needed, if yes available</u>				
<b>Process Interaction</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>NOTE</b>
<u>Are gases/vapors/fumes controlled?</u>				
<u>Electrical items</u>				
<u>Optical tables grounded?</u>				
<u>Optical tables bonded?</u>				
<u>Commercial equipment?                      All                      Some home made</u>				
<u>Seismic concerns</u>				
<u>Table(s)</u>				
<u>Work area</u>				
<u>Associated non beam concerns related to this work</u>				
<u>List</u>				

