Laser Safety Program Interlock verification form

At this time the LBNL Laser safety program is performing a verification of laser room access interlock functionality. The ANSI Z136.1 Safe Use of laser standards calls for access control into class 4 laser use areas. This access controls can be achieved by three means:

1. Non-defeatable interlock, meaning one opens the door the laser shuts off or the beam is blocked i.e. shutter.
2. Defeatable interlock, meaning a mechanism exists to allow the authorized user or knowledgeable person to enter or exit the laser use area without interrupting the functioning of the laser.
3. Administrative controls, the standard allows for such controls such as posting only, training, door locks etc. Allowing means to enter and exit that will have no effect on the laser or its output.

Laser use areas that are equipped with a room access interlock system, that system will be reviewed. This review will consist of:

1. Explanation of the system by an authorized laser user. Done
   This demonstrates the user's understanding of the access control system

2. Determination of the beam control mechanism (shutters or power supply)
   - Interlock connected to power supplies: Y N
   - Interlock connected to shutter: Y N
   - Both being used by different systems: Y N

3. Determination of which lasers are being controlled by the room access interlock
   - Are all lasers connected to room access system: Y N
   - Comment

4. Observation of any illuminated signs:
   - Is illuminated sign(s) working?: Y N
   - Illumination level acceptable: BRIGHT FAIR DIM
   - How noticeable they are upon approaching the room.

5. If equipped with a bypass function,
   - Does it work?: Y N
   - Approximate duration in seconds: 15 30 MORE (UNACCEPTABLE)

6. Type of interlock: (Enter check mark)
   - Magnetic
   - Micro switch
   - Door lock

7. Exiting of the area
   - Crash bar
   - By-pass button
   - Sensor
   - No by-pass

8. Presence of emergency stop device: Y N ALTERNATE
   - Comment

9. Entry by-pass mechanism (Enter check mark)
   - Keypad
   - Key
   - PLC

AHD # | Division | Bld.
---|---|---
Rm(s) | Date

Test conducted by

Additional comment on back side of form: ....... Yes