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| Monthly Laser Safety Checks |

Users should make the following checks of laser safety eyewear and safety-critical equipment before each laser use and the Responsible Person for the lab must ensure a formal check is recorded monthly on this sheet. If any checks are failed, the item must be withdrawn from use and reported for action to the responsible person given below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Unit** |  | **Responsible Person (PI)** |  |
| **Location (building & lab)** |  | **Date of check** |  |
| **Person completing check (name)** |  | **Signature** |  |
|  |
| **Laser Safety System checks** | **Yes/No/NA** | **If no, list actions required** | **If no, date to complete action by** |
| **Does laser equipment appear to be in good physical condition (not damaged, leaking, etc)?** |  |  |  |
| **Is all laser warning signage clear, readable, and up to date, and do the Laser emission lightboxes/warning lights work** |  |  |  |
| **Are all interlocks (door, panels, etc) activating correctly to prevent the laser(s) operating?** |  |  |  |
| **Are all emergency stop buttons operating correctly when pressed****(To test every 6 months, please indicate date of next text in last column)** |  |  |  |
| **If applicable, are any fume extraction units that are part of a laser experiment (e.g., laser cutter) functioning correctly, suitably positioned and tested?** |  |  |  |

**For any laser systems where exposure of users to lasing above the MPE is necessary, please also fill in the section below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Laser Safety Eyewear checks** | **Yes/No/NA** | **If no, list actions required** | **If no, date to complete action by** |
| **Is all laser safety eyewear clean, free from scratches/cracks/burns, and stored correctly?** |  |  |  |
| **Are frames (and elastic restraints where applicable) free from signs of damage?** |  |  |  |
| **Are there sufficient sets of eyewear for the number of users?** |  |  |  |
| **Any other related issues? If yes, list actions required to address them.** |  |  |  |