

Laser Hazard Evaluation Report

LASER OWNER INFORMATION

Laser Owner Name	Organization	Telephone
Responsible Line Manager		Telephone
Responsible Laser Safety Officer		Telephone
Location of Laser Use		

LASER INFORMATION

Manufacturer		Date of Manufacture		Inventory Number			
Model Number		Serial Number					
Laser Type		Wavelength(s) (nm)					
<input type="checkbox"/> CW	Average Power (W)	<input type="checkbox"/> Pulsed	Pulse Rate (Hz)	Pulse Duration (s)	Pulse Energy (J)		
Beam Diameter or Dimensions at Aperture (mm)			Beam Divergence, Full Angle (mrad)				
Laser Classification		<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3A	<input type="checkbox"/> Class 3B	<input type="checkbox"/> Class 4	
Commercial Laser Product		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protective Housing Interlocks Functional		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Key Switch (or Computer Code)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emission Indicator		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beam Attenuator		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remote Interlock Connector		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment Manual Available		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Class Warning Label		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protective Housing Label		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aperture Label		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer's Label		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Label		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Options/Modifications/Comments							

LASER HAZARD ANALYSIS

Wavelength(s) (nm)		Exposure Duration (s)	
Ocular MPE		Skin MPE	
Minimum OD (Intrabeam)		Minimum OD (Diffuse Viewing @ 50 cm)	
Intrabeam NOHD (m)		Diffuse Reflection NHZ (m) ($\theta = 0^\circ$, $\rho = 100\%$)	
Lens on Laser NOHD (m) (if applicable)		Focal Length (mm)	
Fiber Optic NOHD (m) (if applicable)		<input type="checkbox"/> Single Mode Mode Field Diameter (μm)	<input type="checkbox"/> Multimode Numerical Aperture
Completed By			Date

Laser Controlled Area Report

CONTROLLED AREA PERSONNEL INFORMATION

Laser Controlled Area Location		
Controlled Area Supervisor	Organization	Telephone
Responsible Line Manager		Telephone
Approved Laser Personnel		

LASER SAFETY EYEWEAR INFORMATION

Manufacturer	Model	OD	@	nm	OD	@	nm	OD	@	nm
Manufacturer	Model	OD	@	nm	OD	@	nm	OD	@	nm

CONTROL MEASURES

Environment <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Lasers In Use <input type="checkbox"/> Single Laser <input type="checkbox"/> Multiple Lasers
Area Warning Sign <input type="checkbox"/> Acceptable <input type="checkbox"/> Revision Required	Access Warning Lights <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Functional
Entryway Interlocks <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Defeatable <input type="checkbox"/> Bypass <input type="checkbox"/> Functional <input type="checkbox"/> Not Required (Explain)	
Barrier at Entryway <input type="checkbox"/> Yes <input type="checkbox"/> No	Laboratory Windows <input type="checkbox"/> Covered <input type="checkbox"/> Filtered <input type="checkbox"/> NA
Eyewear Available <input type="checkbox"/> At Entryway <input type="checkbox"/> In Controlled Area	Panic Button <input type="checkbox"/> Labeled <input type="checkbox"/> At Entryway <input type="checkbox"/> Functional
Unattended Operation <input type="checkbox"/> Yes <input type="checkbox"/> No	Beam Path Enclosure <input type="checkbox"/> Total <input type="checkbox"/> None (Open) <input type="checkbox"/> Partial
Stray Beams/Reflections Limited By <input type="checkbox"/> Beam Blocks <input type="checkbox"/> Path Covers <input type="checkbox"/> Table Curbs <input type="checkbox"/> Barriers <input type="checkbox"/> Curtains	
Hazard Warning Labels On <input type="checkbox"/> Beam Blocks <input type="checkbox"/> Path Covers <input type="checkbox"/> Table Curbs <input type="checkbox"/> Barriers <input type="checkbox"/> Curtains	
Standard Operating Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No	Alignment Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No
Trained Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Beam Controls	
Approved Alternate Controls	
Electrical Hazard During Operation <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate Controls of Electrical Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Hazard During Alignment or Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate Controls of Electrical Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Non-Beam Hazards	
Lasers in Controlled Area	Comments
Conditions of Approval	
Responsible Laser Safety Officer	Date