

WESTERN UNIVERSITY
LASER SAFETY INSPECTION CHECKLIST



Permit Holder: _____ Permit No. _____ Phone: _____

Building: _____ Department: _____ Room: _____

Completed by: _____ Signature: _____ Date: _____

Followed up by (RSC): _____ Signature: _____ Date: _____

EQUIPMENT

Laser Type: _____ Laser Class: _____

Make and Model #: _____ Serial #: _____

Legend: Y=yes N=no N/A-not applicable

Laser Posting, Labeling and Room Control Measures		Deficiency Noted
Entrances properly labeled and posted	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Room security	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Entryway interlock system	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Entryway interlock system functioning	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
A door, blocking barrier, curtain, etc. at entry way	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Protective Windows	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser status indicator outside room	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Equipment Labels	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Engineering Safety Control Measures		Deficiency Noted
Protective housing in place	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Interlock on housing	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Beam shutter present	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Key control	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser activation warning system (with emission delay) in place	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Remote interlock connector (emergency shutoff) available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser secured to table	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser optics secured to prevent stray beams	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Enclosed beam path	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Limited open beam path	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Totally open beam path	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Beam barriers in place	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Beam stops in place	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Beam intensity reduced through filtration	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Reflective materials kept out of beam path	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Remote monitoring/viewing devices	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Administrative and Procedural Safety Control Measures		Deficiency Noted
Standard operating procedures are available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Alignment procedures are available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser operated, maintained and serviced by authorized personnel	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Spectator procedures are available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Permit holders/workers' laser safety training completed (general & specific) including certificate and record of training	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Has homebuilt/modified laser/laser system been classified	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Proper laser eye protection available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Proper skin protection available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Permit holders/workers' eye examination completed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Non Beam Hazards		Deficiency Noted
Cryogenic fluids in use	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Compressed gas in use	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Gas cylinders properly restrained	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Laser generated air contaminant (LGAC) production	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Electrical hazards	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Collateral and plasma radiation hazard	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Noise/vibration hazards	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Proper disposal of chemical wastes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Please retain the completed laser safety inspection checklist for the follow-up inspection

**Please complete the necessary information and send to:
Radiation Safety (RadSafety@uwo.ca), Health, Safety and Well-being, Room 4159, Support Services Building**