



OFFICE OF ENGINEERING SAFETY
 Dwight Look College of Engineering * Texas Engineering Experiment Station
 Providing a safe and healthful environment for scholarship and research



Laser Safety Survey

Download additional self-inspection checklists at <http://engineering.tamu.edu/safety/>

Date _____ Room No. _____
 Inspector _____ Location _____
 Faculty/PI _____ Dept. _____

Items for evaluation	Yes	No	Comments	Actions to be taken
A) Labels & Signs				
1. Is the correct warning label affixed to the laser?				
2. Are signs posted clearly near the laser?				
3. Are all accesses to the room properly posted?				
4. Is a label, sign, or warning posted near the aperture?				
5. Is a label or warning posted near an interlock?				
B) Engineering Controls				
6. Does each laser have a key-switch or entry password?				
7. Is appropriate safety eyewear provided and present?				
8. Do safety covers have interlocks?				
9. Are latches or interlocks provided to restrict access to the controlled area?				
10. Are all warning devices functioning within design specifications?				
11. Are any items in or near beam paths that could cause specular reflections?				
12. Is a physical barrier present at the controlled area entry?				
C) Procedural Controls				
13. Is each laser registered properly?				
14. Is access to the NHZ restricted?				
15. Does each person have required training?				
16. Are curtains up and used (If required)?				
17. Is the laser SOP present at the control?				
18. Is SOP documentation readily available?				
19. Has a Hazard Analysis (HA) been conducted for the laser?				