Use this checklist along with the general self-inspection checklist every time.LSO is responsible for ensuring that inspections are conducted annually and that completed checklists, including any corrective actions taken are noted and fixed.

Inspected by:

Date:

**Annual Inspection Items**

|  |  |  |  |
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| **Documentation & Training** | **Yes** | **No** | **N/A** |
| Are all authorized users registered with the laser safety program and listed in the SOP? |  |  |  |
| Are all authorized users current with their training? |  |  |  |
| Have the lasers listed as authorized on the SOP been changed (Multiple Class 4 laser(s) added, or a laser removed from service, etc.)? |  |  |  |
| Have the operations and configuration of any authorized lasers changed in a significant manner (e.g., change in layout, configuration etc.)? |  |  |  |
| Are written instructions for using, fixing, and setting up the laser equipment kept with the machine? |  |  |  |
| Have all laser accidents, incidents, or near misses been documented? |  |  |  |
| **Postings and Communication** |  |  |  |
| Do Class 4 lasers have signs that say you need to wear eye protection to use them? |  |  |  |
| Is protective eyewear available and correct for wavelengths in use and marked with wavelength and optical density? |  |  |  |
| Are laser-controlled areas posted and equipment labeled with approved with legible signs and labels? |  |  |  |
| Is access to laser controlled to prevent persons being accidentally exposed to the laser beams by posting or controlling the entrance? |  |  |  |
| **Safety Conditions** |  |  |  |
| Are the protective housing/curtains in good condition, and have the interlocks been tested? If not, have other safety controls been reviewed by the Laser Safety Officer and included in the procedures? |  |  |  |
| Are barriers/curtains (if present) non-combustible & no burn holes? |  |  |  |
| Protective eyewear is appropriate for laser operation and is clean/ free of damage? |  |  |  |
| Are all wires, cables covered and circuits protected? Are the wires placed so no one can trip over them? |  |  |  |
| Is an inspection covering the items listed below performed prior to each operation? |  |  |  |
| Reflective items removed or covered? |  |  |  |
| Beam path enclosed where possible? |  |  |  |
| Optical bench free of unnecessary reflective items? |  |  |  |
| If beam crosses a walkway, are there posted barriers and signs placed across path during operation? |  |  |  |
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| List any other safety deficiencies found |
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| List corrective actions taken for any identified deficiencies |
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| Other notes |