Inspected by:

Date:

Use this general self-inspection checklist every time the laser is operated.Report any out of normal issues to the LSO.

**Each Use Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre Check** | **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 operations and configuration of any authorized lasers changed in a significant manner (e.g., change in layout, configuration, wavelength, etc.)? |  |  |  |
| Are written instructions for using, fixing, and setting up the laser equipment kept with the machine? |  |  |  |
| **PPE** in good order: |  |  |  |
| Clothing – jacket, gloves, |  |  |  |
| Glasses with correct UV rating - Optical Density 7 (OD7) or greater at a nominal laser wavelength of 1070 nm. |  |  |  |
| Welding Helmet with glass face Z87.1rating |  |  |  |
|  |  |  |  |
| **Equipment Inspection:** |  |  |  |
| Set up with proper tips/wire/ventilation for the type of material being welded |  |  |  |
| Confirm machine settings to match material type and thickness |  |  |  |
| Gas – correct type and enough to complete task |  |  |  |
| Emergency Stop button in released mode ready for use |  |  |  |
|  |  |  |  |
| **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 1070NM and optical density OD7? |  |  |  |
| Are laser-controlled areas posted, and equipment labeled with approved signs and labels? |  |  |  |
| Is access to laser controlled to prevent people being accidentally exposed to the laser beams by posting or controlling the entrance? |  |  |  |
|  |  |  |  |
| **Safety Conditions** |  |  |  |
| Is an inspection covering the items listed below performed prior to each operation? |  |  |  |
| Are windows and ports, which could allow a laser beam to stray into uncontrolled areas covered or protected during laser operation? |  |  |  |
| Are barriers/screens (if present) non-combustible & no burn holes? |  |  |  |
| Is optical bench free of unnecessary reflective items? |  |  |  |
| Combustables removed from the area? |  |  |  |
| Fire Extinguisher(s) on hand? |  |  |  |
| **Shut Down and Clean up** |  |  |  |
| Hand laser cleaned up and returned to ‘holster’ |  |  |  |
| Key turned off |  |  |  |
| Gas turned off |  |  |  |
| PPE Stored |  |  |  |
| Check area for any hot spots |  |  |  |
|  |  |  |  |
| **Have all laser accidents, incidents, or near misses been documented?** |  |  |  |
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| List any other safety deficiencies found |
|  |
| List corrective actions taken for any identified deficiencies |
|  |
| Other notes |