

LASER SAFETY AUDIT FORM

Date: _____

Laser System Information

Laser System Manufacturer: _____

Model #: _____ Serial #: _____

Embedded Laser Manufacturer: _____

Model #: _____ Serial #: _____

Inventory #: _____ Location: _____ Active Status Yes No

Application: _____

System contains separate aiming laser Yes No

Aiming Laser Type: _____ Wavelength: _____ nm Power: _____ mW

CDRH Requirements

Performance Features

Classification:

Key Switch (or Computer Code)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Certified by Manufacturer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emission Indicator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Classification:	[1] [2] [3A] [3B] [4]	
Beam Attenuator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Embedded Laser:	[1] [2] [3A] [3B] [4]	
Remote Interlock Connector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aiming Laser:	[1] [2] [3A] [3B] [4]	
Enclosure Interlocks Functional	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> NA
View Port Filter Adequate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> NA

Labeling Requirements

Class Warning Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protective Housing Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aperture Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: _____

Laser-Optics Specifications

Laser Type: _____ **Maximum Power/Energy:** _____ (W)/(J)
Wavelength(s) (or wavelength range): _____ nm _____ nm
Output Beam Diameter: _____ mm **Beam Divergence :** _____ mrad
Beam Diameter on Lens: _____ mm **Lens Focal Length (Longest):** _____ mm
Multimode Fiber Optic NA: _____ **Single Mode Fiber Mode Field Diameter:** _____ μm
Time Characteristics: **Continuous Wave**
 Single Pulse (PRF <= 1 Hz) **Pulse Duration:** _____ s
 Repetitive Pulse (PRF > 1 Hz) **Pulse Duration:** _____ s **PRF:** _____ Hz

Laser Hazard Analysis

Exposure Duration: _____ s **MPE:** _____ (W/cm²)/(J/cm²)
Eyewear OD Required: _____ @ **Wavelength(s):** _____ nm
Nominal Hazard Zones: **Intrabeam:** _____ m **Lens-on-Laser:** _____ m
 100% Diffuse Reflection: _____ m **Fiber Optic:** _____ m

Administrative & Area Controls

				Comments
Sign at Controlled Area Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Entryway Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Adequate Window Covering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Exhaust System Operable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Written SOP with Laser	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Laser Personnel Trained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____
Laser Burns on Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	_____

Eyewear Provided: Optical Density(s): _____ @ Wavelength(s): _____ nm

Non-Beam Hazards: Laser Generated Air Contaminants Plume Radiation
 Electrical Shock Chemicals
 Gas Pressure Tank Storage Mechanical Hazards
 Noise Ambient Light Level

Comments: _____

Laser Safety Officer: _____ **Phone #** _____

Contact Person: _____ **Phone #** _____