

BUREAU OF RADIATION CONTROL LASER LIGHT SHOW SURVEY NOTES

PURPOSE: Initial Regular Follow Up Complaint Other

IDENTIFICATION

Facility Name: _____

Registration #: _____ Expire Date: _____ **Inspection Date** _____

Address Letter To: _____ Email: _____ Closeout: _____

Inspector: _____ Inspector 2: _____

LASER LIGHT SHOW

	YES	NO	N/A
Company registered? (R9-7-1401)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration certificate available? (R9-7-1002)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSO designated? (R9-7-1434.A) And trained? (R9-7-1421.E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operators trained? (R9-7-1403.B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All injuries reported? (R9-7-1436)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA Variance? (R9-7-1441.A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient notification given? (R9-7-1441.B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAA clearance given for outdoor show? (R9-7-1441.D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone being exposed to the laser beam? (R9-7-1441.F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs for class II or higher emission area? (R9-7-1441.H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers in place for class II or higher emission area? (R9-7-1441.H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any reflective surfaces in the path of the beam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is anyone exposed to the reflected laser beam?(R9-7-1441.J)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show continually supervised? (Or less than 5mW, 6 ft above, 2.5 m from audience.) (R9-7-1441.K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALARA being utilized? (R9-7-1441.M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If limiting output, is it being measured and recorded before the show? (R9-7-1441.N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluations and tests of safety devices being performed before show? (R9-7-1441.O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser secure from unauthorized use when not in use? (R9-7-1441.P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During alignment: ALARA is being utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective eyewear worn?(R9-7-1441.Q)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets requirements of 21 CFR 1040.1? (R9-7-1441.R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION FINDINGS:

Compliance Compliance with IOC Non-Compliance

Comments