

Laser Facility/ Equipment Inspection Form

IEMA-DIVISION OF NUCLEAR SAFETY		REGISTRATION NUMBER			INSPECTION DATE:
Facility Name:					
Street Address:				Phone Number:	
City:		State:		Zip Code	Email:
Responsible User (RU):				Laser Safety Officer:	
A. Administrative controls 315.100a)		YES	No	NA	Comments
1.	Are standard operating procedure(s) available? (written and annually reviewed)				
2.	Are all responsible users (RUs) listed in the standard operating procedure or a list of RU's available?				
3.	Are all RU's current in their training? (Initial and/or annual documentation for training)				
4.	Is the laser operated at all times under the direct supervision of a trained RU who ensures that all safety requirements are adhered to?				
5.	Is a laser safety manual available? (May be contained within the operator's manual)				
6.	Have there been any laser accidents/incidents or unintended exposure to patients or personnel?				
7.	If the answer to 6 is yes, then have the exposures been reported to the Agency? 5x MPE/100x MPE (Pursuant to 315.160)				
8.	Are all maintenance and alignment procedures or reports documented?				
9.	Are all records of protective eyewear inspection available? (LSO/Designee inspection not to exceed 6 months 315.100.(b)(5))				
10.	Are protective clothing used where applicable?				
11.	Has the beam path been evaluated or the NHZ or NOHD determined? (NOHD applies when laser is used outdoors or in a room with a window)				
12.	Is the beam path enclosed during use? (i.e., using blinds, pipe, or for medical-in body cavity)				
13.	If the answer to 12 is no, have reflective surfaces been excluded from the beam path? (i.e., surgical instrument, mirror, or shiny metallic surfaces etc.)				
14.	Is the laser placed on a stable platform and below eye level for someone sitting or standing?				
15.	Are steps in place to prevent accidental exposure in areas where laser beam exceeds MPE?				

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Registration Number:	YES	No	NA	Comments
B. Signs and Labels				
1	Are entry ways and controlled areas posted with appropriate signs during operation?			
2	Is the laser sign appropriately marked? (Class 3b or 4)			
3	Is the laser aperture label present? (NA if it is a medical laser)			
C. Engineering Controls 315.100.(c)				
1	Is a protective housing present on laser and is it in good condition? (i.e., no cracks or missing pieces)			
2	If laser housing has interlock, is the interlock working? (this can be satisfied with documents showing checks)			
3	If laser housing does not have interlock, is there signage to warn of exposure to beam in excess of Accessible Emission Limit (AEL) if housing is removed? (this can be satisfied with documents showing checks)			
4	Is there warning light and/or audible sound to signify beam is about to come on? (Check NA if not applicable)			
5	Is beam shutter present? (When not in use, primarily industrial)			
6	Is beam terminated with fire resistant beam stop? (Class 4 laser and as applicable)			
D. Personnel Protective Equipment				
11	Is the protective eyewear appropriate for the laser wavelength?			
2	Does the protective eyewear have appropriate optical density?			
3	Is the protective eyewear clean and free of damage?			
4	Can the warning/indicator lights be seen through the protective eyewear? (if applicable)			
E. Additional Requirements for Medical Applications 315.130				
1	Is calibration/PM done at the frequency or intervals recommended by the manufacturer?			
2	Are records of calibration/PM available for review?			
3	Does calibration show that the measured laser radiation error is within $\pm 20\%$?			
4	Is there a guard mechanism on footswitch to prevent inadvertent exposure of patient?			

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