

Laser Standard Operating Procedure

Division/Department:	Date:
Procedure #	Revision Number:
Author:	Laboratory Location:

1. Laser Safety Contacts:

Laser Safety Laboratory Safety Representative (LSR) _____ phone _____

UCSC Laser Safety Officer (LSO) _____ phone _____

Maintenance/Repair _____ phone _____

For Medical Emergencies:

1. Call 911
2. Notify the Laser Safety Officer of all laser-related injuries and near-misses ASAP

2. Laser Description Attach most recent Laser inventory (available from Laser Safety Officer).

3. Laser Safety Program - See the UCSC Laser Safety Officer (LSO) for:

- Responsibilities of the laser operator, Laser Safety LSR, and Laser Safety Officer
- Laser registration requirements
- Training requirements
- Disposal procedures
- Sign and labeling requirements
- Eyewear requirements including eyewear inspections

4. Hazards & Controls

Hazards and Controls		
check if applicable	Hazard	Control(s)
<input type="checkbox"/>	High Voltage	
<input type="checkbox"/>	Capacities	
<input type="checkbox"/>	Unenclosed Beam/Access to Beam	
<input type="checkbox"/>	Fumes/Vapors	
<input type="checkbox"/>	Ultraviolet Radiation or Blue Light	
<input type="checkbox"/>	Compressed Gases	
<input type="checkbox"/>	Hazardous Chemicals/Waste	
<input type="checkbox"/>	Housekeeping	
<input type="checkbox"/>	Reflective Material in Beam Path	
<input type="checkbox"/>	Fire	
<input type="checkbox"/>	Laser at eye level of person sitting or standing	
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments:

Additional Controls		
	Control	Comments
<input type="checkbox"/>	Entryway (Door) Interlocks Or Controls?	
<input type="checkbox"/>	Laser Enclosure Interlocks?	
<input type="checkbox"/>	Laser Housing Interlocks?	
<input type="checkbox"/>	Panic Button Emergency Stop?	
<input type="checkbox"/>	Beam Stops?	
<input type="checkbox"/>	Master Switch? (Operated By Key Or Computer Code)	
<input type="checkbox"/>	Laser Secured To Base?	
<input type="checkbox"/>	Electrical Ground in Place?	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments:

5. Personal Protective Equipment

A. Eyewear:

Laser Eyewear					
For this Laser...			...Wear this Eyewear		
Acquisition #	Type	Wavelength (nm)	Wavelength attenuated (nm)	Optical Density (OD)	Remarks
(example) 1234	CO ₂	10,600	10,600	At least 3.5	Glendale - white frames

B. Other protective equipment required in this area includes:

What (item):

Available from (where):

Which must be worn (when):

6. Operating Procedures:

A. Is the lab environment prepared for normal operation? (warning lights on, interlocks activated, personnel identified, safety glasses in place)

B. Is the target area prepared?

C. List the operation procedures to be followed here:

D. What are the shutdown procedures for this laser?

E. Are there any special procedures required? (Alignment, safety tests, interlocks bypass, emergency, etc.)

