

4. HAZARDS & CONTROLS

HAZARDS AND CONTROLS		
Check if applicable	HAZARD	CONTROL(S)
<input type="checkbox"/>	High Voltage	
<input type="checkbox"/>	Capacitors	
<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"/>	Infrared Lasers	
<input type="checkbox"/>	Correct Eyewear	

COMMENTS:

ADDITIONAL CONTROLS		
Check if applicable	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	Infrared Laser must terminate in fire-resistant material and the absorber must be inspected at least quarterly ¹
<input type="checkbox"/>	Master Switch (operated by key or computer code)	
<input type="checkbox"/>	Laser Secured to Base	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

COMMENTS:

¹ Required by 25TAC§.301(s)(1)

5. PERSONAL PROTECTIVE EQUIPMENT

A. Eyewear

LASER EYEWEAR

For this Laser...			...Wear this Eyewear		
Acquisition date	Type	Wavelength (nm)	Wavelength Attenuated (nm)	Optical Density (OD)	Remarks
(example) Aug 99	CO ₂	10,600	10,600	At least 3.5	Glendale-white frames

Identify each set of laser protective eyewear with a unique designation (name or number).

The following check shall be done annually. Discard unfit eyewear. See section 6.5.

Item	Comments	Date/Initial
Adequate pairs of eyewear for all needs.		
Eyewear specific to wavelength		
OD appropriate for full range of power; alignment to power ops		
Fit snugly		
Labeled for wavelength and OD		
Free of damage excessive scratches		

Laser Inventory Form

Michigan Technological University
Department of Physics

Person responsible for the laser and its use _____

Room of location where laser will be used _____

Manufacturer # _____

Serial # _____

Hazard Classification _____

Wavelength (s) _____

Output power in watts or output energy in joules _____

Beam irradiance in watts/cm² or radiant exposure in joules/cm² _____

Type of use (Research, demonstration, etc.) _____

Responsible person(s) allowed to use the laser.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____