

LASER SAFETY SURVEY

(Prescribing Document – SSCSDINST 5100.5D)

DATE		INSPECTOR			BLDG	ROOM
CODE	MAKE AND MODEL			SERIAL NUMBER		CLASS
DATE OF MANUFACTURE		POWER IN BEAM			WAVELENGTH(S)	
BEAM DIVERGENCE				APERTURE		

ELECTRICAL SAFETY (NATIONAL ELECTRICAL CODE)

<input type="checkbox"/>	CPR CARD FOR EACH WORKER	<input type="checkbox"/>	HIGH VOLTAGE IS ABOVE 10 kV (X-RAY HAZARD)
<input type="checkbox"/>	GROUNDING ROD FOR CAPACITORS	<input type="checkbox"/>	TWO PEOPLE PRESENT WHEN WORKING ON HIGH VOLTAGE ≥ 220 V
<input type="checkbox"/>	COMMON GROUNDING	<input type="checkbox"/>	PROTECTION OF CIRCUITS ≥ 30 V AND 0.5 mA

LASER SAFETY (ANSI Z136.1, 2, 6, AND 21 CFR)

<input type="checkbox"/>	ADEQUATE SIGNS	<input type="checkbox"/>	KEYED MASTER INTERLOCK			
<input type="checkbox"/>	ADEQUATE LABEL	<input type="checkbox"/>	ENCLOSED BEAM PATH/PARTIAL	<input type="checkbox"/>	FULL	<input type="checkbox"/>
<input type="checkbox"/>	PROTECTIVE EYE-WEAR, PERIODIC INSPECTION	<input type="checkbox"/>	BEAM STOP/BACK-STOP			
<input type="checkbox"/>	EYE-WEAR MARKED WITH DENSITY AND WAVELENGTH	<input type="checkbox"/>	VIEWING OPTICS/WINDOWS BELOW MPE			
<input type="checkbox"/>	INTERLOCKED PROTECTIVE HOUSING	<input type="checkbox"/>	AUDIBLE/VISUAL WARNING OF LASER EMISSION			
<input type="checkbox"/>	INTERLOCKED DOOR/AREA	<input type="checkbox"/>	EMISSION DELAY SYSTEM			
<input type="checkbox"/>	INTERLOCKED ILLUMINATED SIGN	<input type="checkbox"/>	EMERGENCY LASER SHUTDOWN			

SSC SD/NAVY REQUIREMENTS ARE IN OPNAVINST 5100.23 (SERIES), CHAPTER 22; AND OPNAVINST 5100.27 (SERIES)

<input type="checkbox"/>	SOP'S	<input type="checkbox"/>	SUPERVISOR APPROVAL OF LASER OPERATIONS			
<input type="checkbox"/>	BEAM PATH CLEARED OF OBJECTS	<input type="checkbox"/>	HAVE INTERLOCKS BEEN DEFEATED			
<input type="checkbox"/>	ADEQUATE PROTECTIVE EQUIPMENT, FUME HOODS	<input type="checkbox"/>	HOUSEKEEPING ADEQUATE			
<input type="checkbox"/>	NOMINAL HAZARD DISTANCES DETERMINED	<input type="checkbox"/>	COMBUSTIBLES OR FLAMMABLES PRESENT			
<input type="checkbox"/>	LASER CONTROLLED AREA	<input type="checkbox"/>	HAS LASER BEEN MODIFIED			
<input type="checkbox"/>	LASER SAFETY TRAINING	<input type="checkbox"/>	ADEQUATE ILLUMINATION			
<input type="checkbox"/>	SUPERVISOR TRAINING OF EMPLOYEES	<input type="checkbox"/>	EYE EXAMS UP-TO-DATE			

LIST PERSONNEL WORKING WITH LASER

1	7	13
2	8	14
3	9	15
4	10	16
5	11	17
6	12	18

