|  |  |  |
| --- | --- | --- |
| **A. Labels and Signs** | | **Yes/No/NA** |
| 1 | Is the correct warning label affixed to the laser? |  |
| 2 | Are signs posted clearly near the laser? |  |
| 3 | Are all accesses to the room properly posted? |  |
| 4 | Is a label, sign, or warning posted near the aperture? |  |
| 5 | Is a label or warning posted near an interlock? |  |
|  |  |  |
| **B. Engineering Controls** |  |  |
| 1 | Does each laser have a key switch or entry password? |  |
| 2 | Is appropriate safety eyewear provided and present? |  |
| 3 | Do safety covers have interlocks? |  |
| 4 | Are latches or interlocks provided to restrict access to the controlled area? |  |
| 5 | Are all warning devices functioning within design specifications? |  |
| 6 | Are any items in or near beam paths which could cause specular reflections? |  |
| 7 | Is a physical barrier present at the controlled area entry? |  |
|  |  |  |
| **C. Procedural Controls and PPE** |  |  |
| 1 | Is each laser registered properly? |  |
| 2 | Is access to the NHZ restricted? |  |
| 3 | Does each person have required training? |  |
| 4 | Is the SOP for the laser present at the control? |  |
| 5 | Are curtains up and used (If required)? |  |
| 6 | Is documentation available? |  |
| 7 | Is appropriate protective eyewear available? |  |

**Laser Laboratory Self Survey**