Envrionmental Health & Safety
MICHIGAN STATE UNIVERSITY

LASER HAZARD EVALUATION FORM

GENERAL INFORMATION

PRINCPAL INVESTIGATOR_____LASER SAFETY OFFICER _____

LASER / LASER SYSTEM LOCATION_____

LASER TYPE _____LASER MANUFACTURER_____

MODEL NO._____ SERIAL NO._____

WAVE LENGTH / WAVE LENGTH RANGE (nm) _____MAX/AVE POWER (W)_____

PULSED yes ☐ no ☐ RATE (HZ)_____DURATION (s)_____POWER (J)_____

BEAM DIAMETER _____ BEAM DIVERGENCE (mRAD)_____

LASER HAZARDS

MPE (W/CM^2)_____OPTICAL DENSITY (OD)_____NOMINAL HAZARD DISTANCE (m)_____
DIFFUSE HAZARD DISTANCE (m)_____

CHEMICAL HAZARDS
COOLANTS ☐
SOLVENTS ☐
GASES ☐
OTHER_____

OPTICAL HAZARDS
DISCHARGE TUBES ☐
UV/ WELDING ☐
VISIBLE ☐
IR ☐
OTHER_____

LASER GENERATED HAZARDS
AIR CONTAMINANTS ☐
CHEMICAL FUMES ☐
METALLIC FUMES ☐
METALLIC DUSTS ☐
OTHER_____

VENTILATION PROVIDED
LOCAL EXHAUS ☐
GENERAL VENTILATION ☐
OTHER _____

NOISE ISSUES
YES ☐
NO ☐
KNOWN dBA _____

FIRE HAZARDS
IMPROPER BEAM ENCLOSURES ☐
COMBUSTIBLE MATERIALS ☐
GAS / VAPOR IGNITION ☐
ELECTRICAL CIRCUITS ☐

ELECTRICAL HAZARDS
POWER SOURCES ☐
EXPOSED WIRING ☐
MISSING COVERS ☐
STORED ENERGY (CAPACITORS, ETC) ☐

IS LOCK OUT REQUIRED
YES ☐ NO ☐

PROCEDURES ESTABLISHED
YES ☐ NO ☐

COMPRESSED GAS CYLINDERS
PROPERLY STORED ☐
RESTRAINED ☐
REQUIRED SIGNAGE ☐
NO MISSING CAPS ☐

HAZARD CONTROL MEASURES

SIGNAGE REQUIRED
DANGER ☐
CAUTION ☐
NOTICE ☐

PROTECTIVE DEVICES FOR STRAY BEAMS
BEAM BLOCKS ☐ PATH COVERS ☐
BARRIERS ☐ CURTAINS ☐

LASERS IN AREA ☐
EYE PROTECTION (OD) ☐
OTHER PPE_____

TRAINING PROVIDED BY
LSO ☐
OPERATOR ☐
MANUFACTOR ☐

ALIGNMENT PROCEDURES PRESENT
YES ☐ NO ☐

STANDARD OPERATING PROCEDURES ESTABLISHED
YES ☐ NO ☐

COMPLETED BY:_____**DATE:**_____