



**LASER SAFETY**

EHS recently inspected your Laser/ lab for safety compliance. Reports for each of your Laser/ lab are enclosed. Items marked “**NO**” on the Checklist are deficient and require correction. This form serves to document your corrective actions.

INSTRUCTIONS

1. Review the inspection reports for each room, Laser or Laser System.

2. Corrective Actions are **NOT** required and need not be addressed for items marked “NA”

3. For the other items marked “**NO**,” correct the safety deficiency.

4. Note the corrective actions on this document (e.g. eye protection up to date, Written SOP now available and is kept at the laser ). If there are questions or concerns regarding the corrective actions required, contact the MSU EHS LSO at (517) 355-6686.

5. Sign this form, make a copy for your records and (e)mail or mail within 30 days to:  
[pottere@EHS.MSU.EDU](mailto:pottere@EHS.MSU.EDU)

--OR mail to--

EHS, attention Elvet A. Potter  
Engineering Research Complex  
1449 Engineering Research Court C125  
East Lansing, MI 48824

| Room         | Question*               | Corrective action (be specific)       |
|--------------|-------------------------|---------------------------------------|
| Example Rm 1 | Safety precautions # 11 | Removed interlock defeating implement |
|              |                         |                                       |
|              |                         |                                       |
|              |                         |                                       |
|              |                         |                                       |
|              |                         |                                       |

Name (please print): \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI Signature:: \_\_\_\_\_ Date: \_\_\_\_\_