COLUMBIA UNIVERSITY
Environmental Health and Safety

Laser System Inspection Form

This inspection checklist should be used in conjunction with the Laser Registration Form. PIs are responsible for ensuring that each Class 3 and 4 laser in their laboratory is registered with EH&S and that their employees who use the laser are trained in laser safety.

Principal Investigator: _____ Department: _____
Email: _____ Telephone: _____
Building: _____ Floor/Room #: _____
Purpose/Intended Use: _____

PERSONNEL WHO WILL USE LASER SYSTEM:

Name	CUID #	Status (Student/Staff/Faculty)	Training Received	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

LASER SAFETY CONTROL MEASURES:

Administrative and Procedural Controls	Yes	No	Comments
Laser sign posted on laboratory door	☐	☐	
Proper warning signs are posted around laser operation	☐	☐	
Access restricted to lab personnel/lab door kept locked	☐	☐	
New lasers have been registered with by EH&S	☐	☐	
Laser made or modified on campus registered with EH&S	☐	☐	
Written Standard Operating Procedures (SOP) available	☐	☐	
Written operating, maintenance and alignment procedures kept with laser equipment	☐	☐	

Personal Protective Equipment (PPE)	Yes	No	Comments
Goggles appropriate for the laser used are available and used	☐	☐	
Appropriate goggles are available for visitors	☐	☐	
Viewing cards for non-visible beam available	☐	☐	
Class 3 and 4 lasers signage posted to indicate that the use of eyewear is required to operate the device	☐	☐	
Other appropriate PPE is available for intended use	☐	☐	

Beam Hazard Controls	Yes	No	Comments
Protective housing intact and interlocks tested or alternative controls reviewed by PI and stated in SOP?	☐	☐	
Access to laser is controlled to prevent accidental exposure to the laser beams by posting or controlling the entrance	☐	☐	
Laser controlled areas posted and equipment labeled with approved signs and labels	☐	☐	
Are windows and ports, which could allow a laser beam to stray into uncontrolled areas covered or protected during laser operation?	☐	☐	
Beam stops present at end of all beam paths	☐	☐	
Barriers/screens (if present) are non-combustible	☐	☐	
No exposed wiring or electrical circuits	☐	☐	

Prior to each operation, are following items checked?	Yes	No	Comments
Protective eyewear is appropriate for laser operation and is clean/ free of damage	☐	☐	
All beams traced and dumped	☐	☐	
Optical bench free of unnecessary reflective items	☐	☐	
Beam path enclosed where possible	☐	☐	
If beam crosses walkway, are barriers posted, i.e., is a rope or chain placed across path during operation?	☐	☐	

During operation are the following potential Non-Beam hazards controlled?	Yes	No	Comments
Metallic Fumes	☐	☐	
Chemical Vapors	☐	☐	
Biological Plume	☐	☐	
Fire Hazard	☐	☐	
Explosive Hazard	☐	☐	
Compressed Gases in Use	☐	☐	
Laser Dyes in Use	☐	☐	
Noise	☐	☐	
UV	☐	☐	
Ionizing radiation (x-rays)	☐	☐	
Electrical	☐	☐	
Thermal	☐	☐	
Exhaust ventilation adequacy	☐	☐	

COMMENTS: Inspected by: _____ Date: _____