**Budget Unit:**  **Research Group:**  **Laboratory #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Supervisor:**  **Laser Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **HOW TO USE THESE CHECKLIST**

1. Complete checklist by placing a tick in the appropriate box next to each checklist item (**C**=**C**ompliant, **NC**=**N**ot **C**ompliant, **NA**=**N**ot **A**pplicable).
2. Forward a copy of completed checklist to the laser safety officer.
3. Forward a copy of completed checklist to the WEG.

**Laser Classification:**

 Classification Number present Wavelength(s)

 Class 1 *Not required*

 Class 2 *Not required*

 Class 3A

 Class 3B

 Class 4

The following recommendations apply mainly to class 3 and class 4 laser laboratories.

Is the laboratory a

* *Single laser facility*;
* *Multi-user*; and / or
* With *multiple lasers.*

Comment:

## Laboratory Construction

**Checklist 1: Laboratory System Controls**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **C** | **NC** | **NA** | **Comment** |
| Doors have a interlocks or alarms to control unauthorized access |  |  |  |  |
| Room has good illumination to reduce pupil size. |  |  |  |  |
| Room has light coloured and diffused wall surfaces. |  |  |  |  |
| Nearby equipment should have matt or low reflective surfaces |  |  |  |  |

**Checklist 2: Engineering Controls**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **C** | **NC** | **NA** | **Comment** |
| Audible or visible ON indicator located either inside or outside of room for class 3B or 4 Lasers.  |  |  |  |  |
| Room has good ventilation system either through general dilution or local exhaust system for class 3A, 3B or 4 lasers. |  |  |  |  |
| Beam terminated at end of useful path for class 2, 3 or 4 lasers. |  |  |  |  |
| Unintentional specular reflections minimised/removed for class 3B or 4 lasers |  |  |  |  |

**Checklist 3: Administrative controls**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **C** | **NC** | **NA** | **Comment** |
| Warning signs posted on entrances of laboratory for class 3B or 4 Lasers.  |  |  |  |  |
| Control of unauthorized access under [31TUANU Restricted Location Procedure](https://policies.anu.edu.au/ppl/document/ANUP_000582)U31T to Laboratory of class 3B or 4 lasers. |  |  |  |  |
| A key (or similar) to control the use of the - laser 3B, 4 lasers  laboratory 3B, 4 lasers  |  |  |  |  |
| Visitor restrictions - Applicable Available Employed Security √ **□** **□** Notices √ **□** **□** Instruction / advice **□** **□** **□** |  |  |  |  |

**CHECKLIST4: Personnel Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **C** | **NC** | **NA** | **Comment** |
| ANU Laser safety course is completed by all employees working with class 3B and/or 4 lasers.  |  |  |  |  |
| Is medical eye examination required by any of the employee working with laser? |  |  |  |  |

**Note: All employees/ students/ visitors must be instructed to avoid looking into the direct or reflective laser beam.**

**Checklist 5: Secondary Hazards in laser laboratory**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Present** | **Source** | **NA** | **Comment** |
| Is there any electrical hazard? |  |  |  |  |
| Is there radiation hazard such:* X- Rays
* Intense visible
* Ultraviolet
* Infrared
* Radio Frequency
* Sound or Ultra sound
* Other
 |  |  |  |  |
| Is there any chemical and/ or harmful substances such as:* Fumes
* Gases
* Vapours
* Toxic Dyes
* Other
 |  |  |  |  |
| Is there a risk of fire and/or explosion? |  |  |  |  |
| Is there any cryogenic liquids? |  |  |  |  |
| Others:* Extreme temperatures
* Thermal damage
* Mechanical hazards
 |  |  |  |  |
| Is there any mechanical hazards? |  |  |  |  |

**Checklist 5: Personal Protective Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Required**  | **Present**  | **Suitable**  | **Worn/ used**  | **Comment** |
| Skin Protection:* Against Laser Damage (i.e. flame and heat resistant)
* Aprons/lab coats
* Other
 |  |  |  |  |  |
| Gloves for:* Dyes and chemicals
* Cryogenics
* Other
 |  |  |  |  |  |
| Eye wear:Type: \_\_\_\_\_\_\_\_\_\_OD: \_\_@ : nm Type:\_\_\_\_\_\_\_\_\_\_ OD: @ : nm Type: R\_\_\_ or D\_\_\_ L\_\_\_\_\_\_@ : \_\_\_\_\_\_\_nm Type: R\_\_\_ or D\_\_\_ L\_\_\_\_\_@ :\_\_\_\_\_\_\_\_\_nm |  |  |  |  |  |

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General comments**: \_\_\_\_\_\_\_\_\_\_\_\_

Auditor’s name: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_