

Laser Laboratory Inspection Form



Maynooth University

National University of Ireland Maynooth

Inspected By	
Location	Engineering and Bioscience Building, Room 3.2
Date	

Engineering Controls

Hazard light operational	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Interlock functioning	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Interlock override system functioning correctly	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Correct signage on door	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Automatic door lock operational	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Door safety curtain in place	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PPE in good condition	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PPE stored correctly at entry point	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Emergency switch operational	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Optical Table	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Availability if screens/beam stops	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Safe use of cables	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Window blacked out	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Safe positioning of workstations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Appropriate ambient lighting	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Air conditioning functioning	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Correct use of signage throughout laboratory	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Viewing cards available for IR/NIR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Interlocked enclosures operational	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Emergency light/LED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Good Housekeeping

Clear bench/table space	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Clear passage around table	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Clean/clear floor space	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Safe use of cables	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Comments/Actions

ACTIONS	RESPONSIBILITY	DATE

Administrative Controls

Laser register up to date	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Laser user register up to date	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Lab key present	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Override key available	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
All laser control keys accounted for	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Only authorised persons present (training completed)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Laser safety documentation available	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Experiment is compliant with authorised risk assessment form	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Experiment has been scheduled correctly	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Procedures for activating/aligning the laser (compliance)

Appropriate sign on door for specific laser system(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Correct PPE is in use	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Correct use of enclosures/screens	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
No stray laser beams detected	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Laser power reduced	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Antireflective elements in use	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Lasers and optical components fixed to table	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Safe use of any beam paths above eye level	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Hazardous diffuse or specular reflections	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Removal of reflective jewellery etc	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Comments/Actions

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