Departmental Laser Safety Audit Checklist

Department:

Date of visit:

Laser Safety Officer:

KEY: Satisfactory (1 point) ✓ *** indicates generally satisfactory but minor additional actions are recommended**
Unsatisfactory (0 points) ✗
Partly satisfactory (0.5 points) !

	Policy	***Score***	***Action points and additional comments***	***Person responsible***
1	Do general policy and procedures in the department include a satisfactory statement on the use of lasers			
2	Does departmental policy include a statement on acquisition of laser equipment			
3	Does departmental policy include a statement on changes that the LSO must be informed of			
	Arrangements for control, competence, cooperation, communication			
4	Does the department keep an appropriate record of lasers			
5	Does the department keep an appropriate record of laser users			
6	Does departmental policy include a statement on the department's user authorisation system			
7	Does the user registration/authorisation system follow the suggested format or equivalent			
8	Are procedures in place to ensure that potential laser users are made aware of departmental laser policy and organisation			
	Is there *evidence* that appropriate training is identified and provided –			
9	Does the department have a written system for identifying training needs			
10	Are users referred to the Safety Office training courses or equivalent			

11	Is there evidence of In-lab training (provided by appropriate persons)			
12	Is there evidence of refresher training			
13	Is there evidence of training for those with supervisory responsibilities			
14	Is there evidence of other training as appropriate e.g. by manufacturer			
	Supervision - Laser Safety Officer			
15	Is the LSO confident that he/she is always kept informed and involved in planning			
16	Is the LSO provided with sufficient resources to carry out tasks of laser safety			
17	Is the LSO delegated tasks by HoD with clarity of role and given the necessary authority to carry out these tasks			
	Monitoring and reviewing performance			
18	Does the LSO sit on an appropriate Departmental Safety Committee			
19	Is there evidence that laser safety actively monitored within the department (Both regular formal inspections and informal spot checks - E.g. by LSO, safety tours, etc)			
20	Is there evidence that actions from inspections are followed up			
21	Is there evidence that actions from previous audits are followed up			
	Planning and implementing			
22	Do procedures exist to ensure that risk assessments are carried out			

23	Do procedures exist to ensure that local rules are written and displayed/available in the work area			
24	Are written procedures in place to manage interlock override systems,			
25	Is there evidence that systems are in place regarding work done by external service engineers (written permit to work system)			
	Example Laser Applications - areas inspected:			
	Risk Assessment and local rules			
26	Where there is reasonably foreseeable risk of risk of adverse health effects to the eyes or skin, are open beams justified and is there an adequate assessment of likely exposures compared with MPE values			
27	Where there is reasonably foreseeable risk of risk of adverse health effects to the eyes or skin, is the potential injury and any necessary control measures clearly stated			
28	Are higher risk activities such as alignment risk assessed			
29	Do the significant findings of risk assessments include safe working methods and control measures to reduce risks, maintenance, design/layout, those at particular risk			
30	Are training requirements considered			
31	Do local rules contain location, contingency plans, brief description of work, control measures, working procedures, training requirements			
32	Is there evidence of regular (at least annual) review of risk assessments			
33	Is there evidence of regular (at least annual) review of local rules			
	Procedures for normal use			
34	Are safe working procedures documented either in the local rules or separately and available at point of work			
35	Have possibilities of faults occurring or misuse been considered			

36	Have possible inadvertent reflections been considered			
	Higher risk procedures - risk of exposure			
37	For procedures where risk is greater than during normal use (e.g. alignment, maintenance) are safe working procedures documented and available at point of work			
	Practical control measures			
38	Are engineering controls measures used as far as practicable (manufacturers design and/or additional measures)			
39	Is there evidence of maintenance of engineering controls (e.g. service visits and/or log book of regular checks on interlocks, shields, interconnections etc)			
40	Are others protected – consider fire risk (Class 4 lasers), shared areas, area layout, access restrictions, signage, demarcation and interlocks			
41	Are appropriate warning signs displayed			
	Contingency plans			
42	Are contingency plans documented in local rules			
43	Do contingency plans follow University policy			
44	Are contingency plans easily accessible			
45	Has safe entry for security and emergency services been considered (e.g. in the event of security investigating an alarm sounding?)			
46	Are staff/ students aware of how to shut off equipment in an emergency			
47	Are staff/students aware of arrangements for seeking medical attention in the event of a suspected injury and of their entitlement to health surveillance			

	Eye protection			
48	Is appropriate eyewear readily available, kept in good condition and marked appropriately (CE and EN207/8)			
	Most significant comments to report to the Department:			
	Audit questions overall percentage "Satisfactory"	0		
	Inspection questions overall percentage "Satisfactory"	0		
	Audit carried out by:	*LY*		
	Time spent in the department:			
	Follow up visit?	*N/A*		
			LY 2012	