The University of South Alabama Laser Safety Program

Standard Operating Procedure (SOP)

Department/Laboratory: Procedure # or name:		Date:	
		Revision Number:	
Au	ithor:		
≻	This procedure shall be read and signed annually	by all persons who use lasers listed in the SOP.	
> This procedure shall be reviewed <u>annually</u> by the Au conditions.		Authorized Laser User to ensure it reflects the most current	
1.	LASER SAFETY CONTACTS		
	Authorized Laser User	Phone number:	
	University Laser Safety Officer	Phone number:	
	Maintenance/Repair	Phone number	

- Medical Emergencies
 911
 2. Not
 - Notify the Authorized Laser User and University LSO of all laser-related injuries and near misses as soon as possible.

2. LASER DESCRIPTION

Attach latest Laser Inventory. Update as required.

3. LASER SAFETY PROGRAM

See the University of South Alabama Laser Safety Procedures Manual for requirements.

4. HA 7	ZARDS & CONTROLS				
	HAZARDS AND CONTROLS				
Check if applicable	HAZARD	CONTROL(S)			
	High Voltage				
	Capacitors				
	Unenclosed Beam Access to Beam				
	Fumes/Vapors				
	Ultraviolet Radiation or Blue Light				
	Compressed Gases				
	Hazardous Chemicals/Waste				
	Housekeeping				
	Reflective Material in Beam Path				
	Fire				
	Laser at eye level of person sitting or standing				
	Infrared Lasers				
	Correct Eyewear				

COMMENTS REGARDING HAZARDS & CONTROLS on page 1:

ADDITIONAL CONTROLS			
Check if applicable	CONTROL	COMMENTS	
	Entryway (door) Interlocks or Controls		
	Laser Enclosure Interlocks		
	Laser Housing Interlocks		
	Panic Button Emergency Stop		
	Beam Stops	Infrared lasers must terminate in fire-resistant material and the absorber must be inspected at least quarterly	
	Master Switch (operated by key or computer code)		
	Laser Secured to Base		

COMMENTS:

5. **PERSONAL PROTECTIVE EQUIPMENT**

A. <u>Eyewear</u>

velength			
velength			Wear this Eyewear
(nm)	Wavelength Attenuated (nm)	Optical Density (OD)	Remarks
10,600	10,600	At least 3.5	Glendale-white frames
1	0,600	0,600 10,600	0,600 10,600 At least 3.5

Identify each set of laser protective eyewear with a unique designation (name or number).

The following check shall be done annually. Discard unfit eyewear.

Item	Comments	Date/Initial
Adequate pairs of eyewear for		
all needs.		
Eyewear specific to wavelength		
OD appropriate for full range of		
power; alignment to power ops		
Fit snugly		
Labeled for wavelength and		
OD		
Free of damage excessive		
scratches		

What (item):	and is available in/on/at (where)	which must be worn (when):

6. **OPERATING PROCEDURES**

A. Initial preparation of lab environment for normal operation (key position, warning light on, interlock activated, identification of personnel, other)

B. Target area preparation

C. Operation procedures are as follows:

- D. Shutdown procedures for this laser are as follows:
- E. Special procedures (alignment, safety tests, interlock bypass, emergency, etc.)

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7. OPERATOR REVIEW (Laser Safety Training Certificate, System specific training by Laboratory LSO)

I have read this procedure and understand its contents.

Name (print)	<u>Signature</u>	Date