The University of South Alabama Laser Safety Program

Standard Operating Procedure (SOP)

Department/Laboratory:Procedure # or name:						
Aut	hor:			<u></u>		
>	This pr	ocedure shall be read and	signe	d annually by all persons who use lasers listed in the SOP.		
	This pr		annu	ally by the Authorized Laser User to ensure it reflects the most current		
1.	LAS	SER SAFETY CONTAC	ΓS			
	>	Authorized Laser User		Phone number:		
	>			Phone number:		
	>	Maintenance/Repair		Phone number		
2.		Medical Emergencies SER DESCRIPTION	1. 2.	911 Notify the Authorized Laser User and University LSO of all laser-related injuries and near misses as soon as possible.		
		t Laser Inventory. Update	as requ	nired.		
3.		SER SAFETY PROGRA	_			
				afety Procedures Manual for requirements.		
4.		ZARDS & CONTROLS				
]	HAZARDS AND CONTROLS		
	heck if plicable	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:

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5. **PERSONAL PROTECTIVE EQUIPMENT**

A. <u>Eyewear</u>

LASER EYEWEAR

For this LaserWear this Eyewear					Wear this Eyewear
Acquisition date	Туре	Wavelength (nm)	Wavelength Attenuated (nm)	Optical Density (OD)	Remarks
(example) Aug 2016	CO ₂	10,600	10,600	At least 3.5	Glendale-white frames

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 PROC	EDURES			
A.	Initial preparation of la identification of person		key position	, warning light on, interlock activated,	
В.	Target area preparation	1			
C.	Operation procedures a	are as follows:			
D.	Shutdown procedures t	For this laser are as follows:			
E.	Special procedures (ali	gnment, 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) **Signature Date**