

# NATIONAL INSTITUTES OF HEALTH (NIH)

## LASER SAFETY PROGRAM APPENDIX A: SURVEY FORM

**DOHS Laser Safety Database Laser ID Number:**

### Laser Information

Location(s)  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Manufacturer  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>
Model  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Serial number  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>
NIH asset tag number  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	DOHS number  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>
Hazard class <input type="checkbox"/> 1 <input type="checkbox"/> 1m <input type="checkbox"/> 2 <input type="checkbox"/> 2m <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 3r <input type="checkbox"/> 4  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Medical laser <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>

### Technical Specifications

Type  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Wavelength(s) (nm)  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>
Power(s)  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Equipment grounded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>
Pulsed Energy (J) Length (s) Rate (Hz)  <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>	Alignment done in house <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> <i>Discrepancy</i>  If yes, additional safety procedures established <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Warning Signs and Labels**

Warning sign visible

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

Warning system type(s)

☐ Audible      ☐ Light      ☐ Verbal☐ *Verified*☐ *Discrepancy*

Key control (On/off switch, class 4 only)

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

Protective housing

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

Complete enclosure

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

Barriers, curtains, beam stops, etc.

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

SOPs written and available

☐ Yes      ☐ No☐ *Verified*☐ *Discrepancy*

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**Personal Protective Eyewear**

Warning sign visible

Manufacturer

Model

OD/wavelength

☐ *Verified*☐ *Discrepancy***Follow-up required**☐ Yes      ☐ No**Lead Inspector****Signature****Date**