



## NIH LASER SAFETY PROGRAM APPENDIX B: GENERAL SOP

**REMINDERS:**

- Lasers shall only be operated by authorized personnel who have completed training; and
- Laser users must periodically read and always follow the SOP.

ADMINISTRATIVE INFORMATION				
PI		Lab Manager		
IC		Campus/Bldg/Room		
Phone #		DOHS #s		
LASER USE AND PROCEDURES				
Laser Use	Medical Research	Type of Research		
Length of Use	Ongoing Limited	Specify Limited Use		
List Step-By-Step Procedures for Laser(s) System(s) Use				
TECHNICAL SPECIFICATIONS				
Description	Individual Laser	Commercially Embedded Laser System		Custom-Built Laser System
Beam Characteristics	Fully Enclosed	Partially Enclosed	Open	Beam Located Between Sitting & Standing Height
Reason for Incomplete Enclosure				
Alignment Done In-House?		YES	NO	
If Yes, Additional Safety Procedures Established?		YES	NO	
If Yes, Describe				



<b>ENGINEERING AND ADMINISTRATIVE CONTROLS</b>				
Windows Covered		YES	NO	N/A
Only Anodized, Dull, Non-Reflective or Matte Finished Instruments Used Near Laser Site		YES	NO	N/A
Watches and Reflective Jewelry Removed or Covered Prior to Operating the Laser		YES	NO	N/A
Grounded		YES	NO	N/A
Rapid Egress Paths Established		YES	NO	N/A
Restricted Room Access		YES	NO	N/A
Barriers, Curtains, Beam Stops, Etc.		YES	NO	N/A
Key Control (On/Off Switch) (Required for Class 4)		YES	NO	N/A
Laser Key Returned to Secure Storage When the Laser Is Not in Use		YES	NO	N/A
Fail-Safe Interlock(s)		YES	NO	N/A
Safety Latch(es)		YES	NO	N/A
Fire Extinguisher Available		YES	NO	N/A
Warning Signs Posted on All Laser Room Entrance Doors		YES	NO	N/A
Emergency Contact Information Included on Door Warning Signs		YES	NO	N/A
Warning System Type(s)		Audible	Visible (Illuminated)	Verbal
<b>PERSONAL PROTECTIVE EYEWEAR</b>				
Clean and Without Scratches		YES	NO	N/A
Stored in Case(s) When Not in Use		YES	NO	N/A
Optical Density and Wavelength Range Markings Visible		YES	NO	N/A
Optical Density Needs Verified (Online Calculator: <a href="https://www.lia.org/evaluator/od.php">https://www.lia.org/evaluator/od.php</a> )		YES	NO	N/A
Number of Pairs	Location Kept (Room)	Manufacturer	Model	OD @ Wavelength(s)
<b>CERTIFICATION</b>				
Responsible Person				
Signature		Date		