



P.I. Name _____

Office Telephone : _____

Department _____

Contact Telephone : _____

Survey Date : _____

Reviewed Date : _____

Survey By : _____

Reviewed By : _____

Inspection Location(s)

Building Name

Building Code

Lab/Room #

			<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
No Deficiencies Found	(NOV )		..	..	..	..	..
Administrative and Procedural Controls							
Written Standard Operating Procedure available and complete	(L03 )		..	..	..	..	..
All authorized users have received laser safety orientation training, SOP-specific training, and have signed the Authorized Personnel list on the SOP.	(L04 )		..	..	..	..	..
Class 3b and 4 laser inventory in lab matches Laser Device Registration Form.	(L11 )		..	..	..	..	..
Beam Controls							
View of optics from entryway blocked.	(L05 )		..	..	..	..	..
Beam controls are adequate.	(L06 )		..	..	..	..	..
Laser and beam enclosure warning labels are adequate.	(L07 )		..	..	..	..	..
Entryway Controls							
Approved laser area warning signs present at all entryways	(L01 )		..	..	..	..	..
Class 4 laser lab entryways equipped with interlock or warning light.	(L02 )		..	..	..	..	..
Laser Safety Eyewear							
Appropriate eyewear available for all laser hazards present.	(L08 )		..	..	..	..	..
All eyewear labeled and in good condition.	(L09 )		..	..	..	..	..
Laser safety eyewear available at Class 4 entryways.	(L10)	



Environmental Health and Safety

Keeping UCF Safe

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Additional Comments ; _____

