| **OESO – RADIATION SAFETY DIVISION** | **Date Submitted:** |
|---|---|
| **CLASS 3b & 4 LASER LAB PRE-OPERATIONAL CHECKLIST** | |
| Principal Laser User(PLU): | Laser Laboratory Authorization (LLA): |
| Target Date for Beginning Laser Operation: | |
| Checklist (Check each item upon completion) | |

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|---|---|---|---|
| ☐ | All Class 3b & 4 Lasers registered with OESO – Radiation Safety Division | | |
| | List DLS Inventory Numbers: | | |
| | | | |
| | | | |
| ☐ | Adequate Laser Protective Eyewear Available | | |
| | List all laser safety eyewear to be used under this Laser Laboratory Authorization (LLA) | | |
| | **Manufacturer** | **Quantity** | **Optical Density @ Wavelength Range (nm)** |
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| ☐ | Laser Safety Standard Operating Procedures provided to OESO – Radiation Safety | | |
| ☐ | ANSI-Specific Warning Signs available for posting at each lab entrance | | |
| ☐ | PLU designated Laser Operators have completed OESO Laser Safety Training | | |
| | List all personnel authorized to use lasers and or laser systems under this LLA below: | | |

| | **Name** | **Duke Unique ID** | **Name** | **Duke Unique ID** |
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| Entry Way Controls – Complete this section for unenclosed laser beam configurations | |
| ☐ | Lighted “Laser On” indicator outside lab entrances, tied directly to laser operation (If applicable) |
| ☐ | Barrier, screen, or curtained enclosure (non-combustible for Class 4) inside each entrance to laser lab |
| ☐ | Provisions for preventing accidental laser exposure in case of inadvertent or unauthorized entry |
| ☐ | Safety controls inspected by Laser Safety Representative |

PLU Signature: _____

Email Completed Form to the Radiation Safety Division @ radsafety@dm.duke.edu or via Fax (668-2783)