(Sample) Standard Operating Procedure (SOP)

Revision #

Principal Investigator		Date	
Department		Location	

1. LASER SAFETY CONTACTS

Principal Investigator:	Phone:
	Phone:
Laser Safety Officer:	Phone:
	Phone:
Service Contractor:	Phone:
Emergencies:	Phone: 3717 &
Security:	Phone: 3717

2. LASER DESCRIPTION

Type:	Wavelength:	Classification:
Manufacturer:	Model:	Serial #:

Continuous Wave Laser

Maximum Power:

Pulsed Laser

Maximum Energy:

Pulse Repetition Frequency:

Pulse Duration:

Description of Application:

3. OPERATING PROCEDURES:

3.1 Laboratory preparation and start-up procedures.

3.2 Target area preparation.

3.3 Normal operating procedures.

3.4 Shut down procedures.

3.5 Special operating procedures, including alignment, interlock bypass, maintenance and service.

3.6 Emergency procedures.

4. CONTROL MEASURES

Y/N/NA	CONTROL	COMMENTS
	Entryway interlocks or controls are present.	
	Protective housing interlocks are present.	
	Enclosure interlocks are present.	
	Emergency stop/panic button is present.	
	Master switch is present	
	Laser and associated equipment is secured to base.	
	Beam stops or attenuators are present.	
	Protective barriers are present.	
	Warning signs are posted.	
	Personal protective equipment is available and used.	
	Nominal Hazard Zone is defined.	
	Manufacturer's operating manual is available.	

ADDITIONAL COMMENTS:

5. HAZARDS AND CONTROLS

Y/N/NA	HAZARD	CONTROL MEASURES
	Unenclosed beam.	
	Potential exposure to direct beam or reflections.	
	Laser positioned at eye level.	
	Reflective materials in beam path.	
	Exposure to ultraviolet or blue light.	
	Hazardous materials are used. (Dyes, solvents, etc.)	
	Hazardous waste is generated.	
	Laser generated air contaminants are generated.	
	Exposure to high voltage.	
	Compressed gases are used.	
	Fire hazards are present.	
	Plasma radiation is generated.	

ADDITIONAL COMMENTS:

6. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Laser Eyewear :

FOR THIS LASER		WEAR THIS EYEWEAR		
Laser	Wavelength(s) (nm)	Wavelength(s) Attenuated (nm)	Optical Density	Manufacturer

Other PPE Required :

7. OPERATOR REVIEW

I have read this procedure and understand its contents.

Name	Signature	Date