



## SAFETY PRECAUTIONS

Which, if any, of the following safety precautions have been taken to minimize potential exposure to personnel from the direct beam or specular reflections?

- |   |                          |
|---|--------------------------|
| a) Protective housing                                 | <input type="checkbox"/> |
| b) Isolation or collecting optics                     | <input type="checkbox"/> |
| c) Beam stop or attenuator                            | <input type="checkbox"/> |
| d) Surface treatment                                  | <input type="checkbox"/> |
| e) Access interlock                                   | <input type="checkbox"/> |
| f) Audible/visible warnings                           | <input type="checkbox"/> |
| g) Signs with wavelength, class, laser type and power | <input type="checkbox"/> |
| h) Protective Eyewear                                 | <input type="checkbox"/> |
| i) Viewing portal controls                            | <input type="checkbox"/> |
| j) Open beam path controls                            | <input type="checkbox"/> |
| k) Written alignment procedures used                  | <input type="checkbox"/> |
| l) Personnel trained in operating procedures          | <input type="checkbox"/> |

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Date

**[ Upon Completion return to: U of U  
Environmental Health and Safety  
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Douglas Blvd. Salt Lake City, UT 84113  
Phone: 801.581.6590 Fax: 801.585.7240  
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