**Laser Standard Operating Procedure**

**University of Wisconsin – Milwaukee**

Prepared by:

Approved by:

Date:

1. **General Information (laser system and contact person)**

Principal Investigator:

Title of Principal Investigator:

Location of Laser:

Person Responsible for laser:

1. **Description of Activity (quick review of purpose of laser use)**
   1. Description of Activity and Equipment:
   2. Projected Duration:
2. **Hazard Identification (hazards associate with laser equipment and it’s use)**

Laser Beam Hazard: Yes No

Toxic Gasses: Yes No

Toxic Chemicals Yes No

Electrical Yes No

Other:

1. **Hazard mitigation (detail steps to mitigate identified hazards with the activity)**
   1. Laser users including office location, phone numbers and Training date.

Name       Date of laser safety Training:      phone#:

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* 1. Laser specification (items to include)

Laser type

Laser Class

Manufacturer

Model

Serial #

Max Power (j,W)

Wavelength (nm)

CW/pulsed

Pulse Duration(s)

Pulse repetition rate (Hz)

Beam diameter(mm)

Beam divergence(mrad)

* 1. Diagram of laser location:

1. **Step by step procedure for Operation of the laser.**
2. **Emergency Procedures (location of emergency power shut-off, emergency equipment, gas shut-off, fire, etc.)**
3. **Hazardous material handling (list of hazardous materials involved, quantity, SOP/handling procedure, labels, SDS)**
4. **Hazardous Waste Disposal**
5. **Maintenance (laser equipment, safety systems, protective barriers, etc.)**.
6. **Annual review Schedule or plan**.