

MIT RADIATION PROTECTION PROGRAM
LASER RADIATION SURVEY

GENERAL INFORMATION

Department: _____	Project Supervisor _____
Location: _____	Person Interviewed: _____
Telephone Number: _____	Laser Media: _____
Wavelength: _____	Power/Energy: _____
Pulse Width/PRF: _____	Class: _____
Beam Diameter: _____ At $1/e$ $1/e^2$	Divergence: _____ At $1/e$ $1/e^2$

RADIATION PROTECTION CHECKLIST

Interlocks (Housing/Room): _____

Key Control: _____

Enclosed Beam Path: _____

Protective Barriers: _____

Beam Stop/Attenuator: _____

Activation Warning: _____

Emission delay: _____

Laser Controlled Area: _____

Remote Firing/Viewing: _____

Area Postings/Access Control: _____

Std. Operating Procedures: _____

Training: _____

Eye Protection: _____

Skin Protection: _____

Room Illumination: _____

Secured Beam Path: _____ Insp.

Signature: _____ Inspection Date: _____

COPY TO LASER SAFETY LIAISON: Yes ___ Date: _____