**Laboratory Information:** List the P.I. and room information for where the eyewear is stored. Complete a separate form for all labs maintained by the P.I.

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory PI Name: |  | Date: |  |
| Building & Room #: |  | Department: |  |

**Eyewear Information:** List all laser eyewear maintained by the lab in this storage location.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make: | Model: | Wavelength(s) Range | Optical Density | Quantity |
| ThorlabsExample Only, delete before use: | LG10 | 190-534nm850-925nm925-1070nm960-1064nm | 7+5+6+7+ | 2 |
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**Inspection Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Question:** | **Answer:** | **Corrective Action:** |
| 1 | Are the OD and Wavelength(s) range readily identifiable and legible on the eyewear? |  |  |
| 2 | Is the eyewear clean and free of viewing obstructions? |  |  |
| 3 | Is the eyewear free of scratches, breaks, and defects that may compromise their protection factor? |  |  |
| 4 | Are there adequate number of pairs of eyewear for all personnel present in the lab while the laser is in operation? |  |  |
| 5 | Does the eyewear have a designated storage area for all users? |  |  |
| 6 | Is the eyewear storage area outside the Nominal Hazard Zone (NHZ) but within the Laser Controlled Area (LCA) so that personnel may don the eyewear before entering the hazard zone? |  |  |
| 7 | Is the eyewear storage area labeled with the eyewear specific information to enable users to return the eyewear to the correct location? |  |  |
| 8 | Briefly explain how personnel in the lab know which eyewear is appropriate for the laser in use (e.g. labeling, training, single lens and laser type) |  |  |

**Submission Information:**

|  |  |  |
| --- | --- | --- |
| Submitted By (Name): | UT EID: | Date: |
|  |  |  |