



Lab Check-in for:

in Lab:

Date:

Write name and emergency Phone number from lab responsible

What lasers are present in the lab. (Wavelength, power duration, repetition rate)

Are there any other wavelength produced in the lab (NOPA, OPA,...)?

What googles do I need to wear for the main wavelength?

Is there other equipment in the lab that might be used by other users

How do I tell that the laser is active?

What am I absolutely not allowed to touch

Other lab specific rules?

Draw the lab layout (laser table outline in room)

Mark: where do I Safely block the laser? ☐

Mark: where are likely hotspots and reflexes to occur? ☐

Mark: Where are emergency exits ☐

Mark: Where are fire extinguishers ☐

Mark: Are there gas bottles/ outlets in the lab ☐

Mark: Cables/tubes other things on the floor? ☐

Mark: Is there emergency lighting? ☐

Mark: Where are the light switches ☐

Mark: Where is the trash bin? ☐

Mark: Mark any Cooling water connections? ☐

Mark: other noteworthy things? ☐

Check and Signature of Lab responsible that they have seen:

☐ the general Laser safety Course certificate

☐ Discussed the local safety rules and this check-in

Signature of Responsible PI that they are aware of this permit

Signature of person named above that they will follow
the rules layed out in: "Additional regulations for the Laser labs"
