

Eyewear must be rated for this device's wavelength and optical density. Follow the maker's manual and ANSI Z136.3.

Check before the first patient	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Laser warning sign posted on the door							
Door closed; windows covered if the beam could pass							
Eyewear for staff: right wavelength and OD, undamaged							
Patient eye protection ready (goggles or shields)							
Reflective jewellery and objects removed							
No alcohol or flammable prep on skin; skin dry							
Water and fire extinguisher at hand							
Plume / smoke evacuator on (if needed)							
Device self-test passed; fibers and handpiece OK							
Footswitch in place; standby when not firing							
Key removed and secured when not in use							
Treatment settings reviewed for the patient							
Checked by (initials)							

Reviewed by laser safety officer: _____ Date: _____