



LSO-4  
Rev. 0

## BROWN UNIVERSITY Laser Safety Incident Report

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Incident (Building, Room): \_\_\_\_\_

Date and time of Incident: \_\_\_\_\_

Description of Laser involved: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Maximum Power (W) : \_\_\_\_\_ Type (HeNe, Ar, Sapphire, etc) : \_\_\_\_\_

Please circle the correct selection

Laser Class	I	II	IIIa	IIIb	IV
Wavelength	UV (<0.4 $\mu\text{m}$ )	Visible (0.4–0.71 $\mu\text{m}$ )	Near IR (>0.71–1.4 $\mu\text{m}$ )	Far IR (> 1.4 $\mu\text{m}$ )	

Power Output at time of incident (W): \_\_\_\_\_ Laser MPE: \_\_\_\_\_

### Persons involved in incident

(a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty     Staff     Grad Student     Undergrad     Other: \_\_\_\_\_

Was the individual trained in operation and safe laser use?: (Yes / No)

Was the individual injured? (Yes / No) If yes where?: \_\_\_\_\_

Extent of Injury: \_\_\_\_\_

Did the individual receive medical treatment?: (Yes / No)

If Yes then where: \_\_\_\_\_

If No then why not?: \_\_\_\_\_

Was individual wearing protective eyewear? (Yes / No)      Gloves? (Yes / No)

Lab Coat? (Yes / No)      Other protective Equip.? (Yes / No) \_\_\_\_\_

Estimated level of exposure received: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty     Staff     Grad Student     Undergrad     Other: \_\_\_\_\_

Was the individual trained in operation and safe laser use?: (Yes / No)

Was the individual injured? (Yes / No) If yes where?: \_\_\_\_\_

Extent of Injury: \_\_\_\_\_

Did the individual receive medical treatment?: (Yes / No)

If Yes then where: \_\_\_\_\_

If No then why not?: \_\_\_\_\_

Was individual wearing protective eyewear? (Yes / No)      Gloves? (Yes / No)

Lab Coat? (Yes / No)      Other protective Equip.? (Yes / No) \_\_\_\_\_

Estimated level of exposure received: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective steps taken or planned to be taken to prevent recurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person filing report: \_\_\_\_\_ Signature: \_\_\_\_\_  
(print)

For LSO Use Only

Reviewed by Laser Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_