**Safety Eyewear Checklist**

# Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laser S/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wavelength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Glasses Count: \_\_\_\_\_\_\_\_ Goggle Count: \_\_\_\_\_\_\_\_

**Checklist:**

# Pass # Fail

\_\_\_\_ \_\_\_\_ Number of protective eyewear appropriate for location usage

1. minimum of four (4) for clinical setting
2. minimum of six (6) for O.R. setting

\_\_\_\_ \_\_\_\_ Lens Integrity

\_\_\_\_ \_\_\_\_ Frame Integrity

\_\_\_\_ \_\_\_\_ Elastic Strap present and in good repair (goggles only)

\_\_\_\_ \_\_\_\_ Cord Strap present and in good repair (glasses only)

\_\_\_\_ \_\_\_\_ Foam Strip or pads present in good repair (goggles only)

\_\_\_\_ \_\_\_\_ Wavelength specifics noted on eyewear

\_\_\_\_ \_\_\_\_ Optical Density specifics noted on eyewear

\_\_\_\_ \_\_\_\_ Optical Density specifics appropriate for assigned laser

\_\_\_\_ \_\_\_\_ Appropriate storage for eyewear

\_\_\_\_ \_\_\_\_ Appropriate Laser Signs for laser that indicate laser type, wavelength,

class, max. power, max. energy

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_