

# DAILY LASER SAFETY OPERATOR CHECKLIST

**OPERATOR NAME:** \_\_\_\_\_

Laser Safety Officer: Fill in the date of each event along the first row. During pre-show alignment and safety checks, check all boxes in the column below the date to confirm that each feature has been tested and is in compliance. Additional blank rows have been provided for you to add whatever safety measures you feel may be appropriate for your particular show.

<b>Dates:</b>							
Laser(s) Securely Mounted And Safety Cabled (Fall Restrained)							
Laser(s) Properly Connected To Control (DMX, ILDA, etc.)							
Effects Horizon Set In Control							
Beam Block(s) Securely Attached							
All Beams, Primary And Reflected, Terminate In Restricted Areas Only							
All Effects Maintain Required Safety Clearances (3M Rule)							
Laser(s) Respond Correctly To Control							
Operator Has Clear View Of All Beam Paths And Points Of Termination							
Physical Barriers And Audience Control Measures In Place And Effective							
Operator Is Fully Trained And Employee Of The Variance Holder							
Confirm All Laser Emissions Can Be Instantly Terminate By At Least 2 Methods							
Copy Of Active Variance On-Site							
Laser Warning Sign(s) Posted If Required							