

## Pelosi Medical Center Laser Safety Checklist

**Patient Name:** \_\_\_\_\_

**Patient ID:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Surgical Team:**

Physician \_\_\_\_\_

Assistant \_\_\_\_\_

RN/MA \_\_\_\_\_

Observer(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Laser Machine Used:**

**Matrix CO<sub>2</sub>** \_\_\_\_\_

**Apex Er:YAG** \_\_\_\_\_

**Pixel CO<sub>2</sub>** \_\_\_\_\_

**Other** \_\_\_\_\_

Action Taken	Yes	No	N/A
Electrical Cord Inspected			
Laser signs placed at all entrances			
Fire extinguisher present			
Safety goggles placed on all personnel			
Safety goggles placed on patient			
Non-flammable patient prep used			
Open saline/water container readily available			
Surgical area covered with wet towels (CO <sub>2</sub> Lasers)			

Laser Turn on Time: \_\_\_\_\_

Laser Turn Off Time: \_\_\_\_\_

Comments:

\_\_\_\_\_

Name of Personnel completing form: \_\_\_\_\_