LASER SAFE CERTIFIED STANDARDS

Inquiries or requests regarding the content of these Standards, including requests that these Standards incorporate revisions should be directed to:
standards.lasersafecertified.com

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The Laser Safe Certified Standards
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1. Introduction and Scope

1.1 Introduction.

Aesthetic laser technology is one of the most powerful tools available in modern personal care. It is also one of the least uniformly regulated. Some states require physician supervision for every procedure; others permit ***anyone*** to operate Class 4 lasers with ***minimal to no training***. The result is a national marketplace where the consumer has no reliable way to know whether the facility or operator performing a procedure meets any baseline of safety, training, or competence.

The American Laser Safety Authority exists to address that gap. The Authority is an independent certifying body for facilities and operators offering aesthetic laser and light-based procedures in the United States. It promulgates a single, national set of safety, training, and operational requirements, the Laser Safe Certified Standards, and certifies facilities and operators of aesthetic lasers that have demonstrated compliance with them.

The Laser Safe Certified designation and/or seal, when displayed by a facility or operator, signifies that the facility or operator has submitted a complete application demonstrating compliance with these Standards, has been approved by the Authority, remains bound by the Authority's Certification Agreement, and is subject to revocation of certification for noncompliance.

Before scheduling any aesthetic laser procedure, consumers should ask whether the facility or operator is Laser Safe Certified and may verify status through the Authority's public registry at www.lasersafecertified.com.

1.2 Purpose.

The Authority exists to maintain a recognizable standard of safety in the cosmetic and aesthetic laser industry where none exists. Its purpose is to protect consumers from preventable harm, to give responsible facilities and operators a way to distinguish themselves, and to make safety the default expectation in aesthetic laser procedures performed in the United States.

1.3 Scope – Facilities and Operators Covered.

These Standards apply to two categories of applicants:

(a) **Facilities.** Any commercial location in the United States or its territories that offers or performs aesthetic laser or light-based procedures.

(b) **Operators.** Any individual in the United States or its territories who independently offers or performs aesthetic laser or light-based procedures, including those working on a mobile, in-home, or itinerant basis.

A facility's certification certifies that the facility is compliant with the Authority's Standards. Operators, by contrast, are certified individually because they are unaffiliated with a facility or work across multiple locations/across multiple Facilities. Operators who perform procedures as their own service providers or at unaffiliated or uncertified locations should obtain their own operator certification.

1.4 Scope –Procedures Covered.

These Standards apply to the following aesthetic and cosmetic procedures performed using aesthetic or cosmetic lasers, intense pulsed light (IPL) devices, and BroadBand Light (BBL) devices:

(a) hair removal;

(b) tattoo removal;

(c) skin resurfacing and rejuvenation;

(d) skin tightening, wrinkle reduction, and scar remodeling;

(e) treatment of sun damage, age spots, and other pigmented lesions;

(f) treatment of vascular lesions, such as redness, spider veins, and telangiectasia;

(g) acne and acne-scar treatment;

(h) teeth whitening;

(i) onychomycosis (nail fungus) treatment; and

(j) any other aesthetic laser or light-based procedure designated by the Authority.

1.5 Scope - Covered Devices.

These Standards apply to laser (light amplification by stimulated emission of radiation), intense pulsed light (IPL), BroadBand Light (BBL), and polychromatic, uncollimated, non-directional light producing devices that are:

(a) cleared, approved, or otherwise authorized by the U.S. Food and Drug Administration for the procedure being performed; and

(b) classified as Class 3R, Class 3B, or Class 4 devices under the American National Standards Institute (ANSI) standards Z136.1 or Z136.3 (or the equivalent classifications under the International Electrotechnical Commission (IEC) standard 60825 and/or U.S. 21 C.F.R. Part 1040).

1.6 The Certifier and its Certification Marks.

These Standards are promulgated, owned, and administered by the American Laser Safety Authority, Corp. The Authority is the sole certifying entity for the LASER SAFE CERTIFIED certification marks and any associated levels, tiers, or designations related thereto. No other person or entity is authorized to certify any facility or operator under these Standards. The certification marks may be used only by a facility or operator that has been certified by the Authority pursuant to these Standards, is bound by a Certification Agreement, and remains in good standing with the Authority. The certification marks are:

- the words “LASER SAFE CERTIFIED”; and
- The following seal:

The use of the certification marks are also limited by the Trademark Usage Guidelines, which can be accessed at lasersafecertified.com.

1.7 Scope - Exclusions.

These Standards do not apply to, and the Authority does not concern itself with, procedures such as:

(a) ophthalmologic laser procedures;

(b) dental laser procedures (except for teeth whitening);

(c) photodynamic therapy;

(d) urology procedures;

(e) laser tumor ablation;

(f) laser nerve ablation;

(g) cholecystectomies;

(h) bronchoscopic or endoscopic laser procedures;

(i) laser lipolysis;

(j) veterinary laser procedures;

(k) intracavitary, intravaginal, or other internal laser procedures;

(l) any procedure performed under general anesthesia or moderate-to-deep sedation;

(m) any procedure for which a device used has not been cleared, approved, or otherwise authorized by the FDA for the indication being treated; and

(n) any procedure performed by a person who is not lawfully authorized to perform that procedure under the law of the jurisdiction in which the procedure is performed.

1.8 Scope - Regulatory Changes.

The Authority may amend these Standards in response to changes in applicable federal, state, or local law, and require a Certified Facility or Operator to re-comply with any amended Standards as a condition of continued certification. The terms governing

such amendments and re-compliance are set forth in a Certification Agreement between the Authority and each Certified Facility or Operator.

1.9 Effective Date and Versioning.

These Standards are issued as Version 2026.03, Effective March 23, 2026. The Authority may revise these Standards from time to time. Each Certified Facility or Operator is responsible for maintaining compliance with the version of these Standards in effect at the time of its most recent certification or renewal, or as required by the Authority.

2. Eligibility

To be eligible for certification under these Standards, a facility or operator must satisfy each of the following at the time of application and while certified:

(a) the facility or operator is lawfully operating in the jurisdiction in which Covered Procedures are performed, including holding any business license, professional license, or facility registration required under applicable state or local law;

(b) for facilities, any individual performing a procedure as described in Section 1.4 at or on behalf of the facility, holds any state-issued credential required to perform those procedures in the jurisdiction they are performed in;

(c) for operators, an operator performing a procedure as described in Section 1.4 holds any state-issued credential required to perform those procedures in the jurisdiction they are performed in;

(d) each device used by the facility or operator in performing a procedure as described in Section 1.4 has been cleared, approved, or otherwise authorized by the U.S. Food and Drug Administration for the procedure for which it is used, and is registered with the state to the extent state registration is required;

(e) the facility, operator, and any owner or principal of a facility is not the subject of a pending license revocation, an active suspension or bar, or active formal disciplinary proceeding by any state or federal authority arising from the performance of procedures described in Section 1.4; and

(f) the facility or operator is not currently barred from certification under these Standards, meaning the facility or operator has not, within the ninety (90) days preceding application, been denied certification; and has not had a certification revoked by the Authority where the facility or operator either did not file a timely appeal or filed an appeal that was denied.

3. Certification Standards

3.1 Personnel.

3.1.1 Designated Laser Safety Officer. Each facility or operator must designate and specify at least one Laser Safety Officer (LSO) responsible for overseeing safe administration of laser procedures and controls. The LSO need not be physically present during every procedure, but must be reasonably available to address laser safety matters. The LSO must be empowered to pause or stop the use of any device described in Section 1.5 whenever, in the LSO's judgment, safety controls in place have been violated or safety controls are insufficient to protect patients or others.

For a facility, the LSO may be an owner, manager, or qualified staff member.

For an individual operator, the operator may serve as their own LSO.

**The roles and responsibilities of the LSO are further described in Appendix A.*

3.1.2 Laser Safety Training. The designated LSO(s) must have completed a general laser safety course covering the safe operation of aesthetic laser and light-based devices, including hazard awareness, control measures, eye protection, and safe operating practices. At application, the designated LSO(s) shall specify any courses taken and satisfactorily completed, as well as any materials proving such satisfactory completion.

3.1.3 Device Training. Each individual who operates a laser or light-based device must have completed the device manufacturer's training if the manufacturer provides one, or equivalent training, for each such device they operate.

3.2 Device Compliance and Maintenance.

3.2.1 FDA Authorization. Each laser or light-based device used by a facility or operator must be cleared, approved, or otherwise authorized by the U.S. Food and Drug Administration for the procedure for which it is used.

To determine if a device is authorized, its name can be searched here: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm.

3.2.2 Manufacturer Specifications. Each device used by a facility or operator must be set up, operated, and maintained in accordance with the manufacturer's instructions and specifications. Any modification that affects a device's labeled claims or safety features must comply with applicable FDA reporting requirements and to the extent that FDA clearance is required for such modifications, it must be obtained.

3.2.3 Maintenance and Calibration. Each device used by a facility or operator must be maintained, serviced, and calibrated on the schedule and in the manner specified by the manufacturer. Service must be performed by personnel qualified to service the device. Records of maintenance, service, and calibration must be kept in a file (digital or physical) by the facility or operator.

3.2.4 Labeling. Each device used by a facility or operator must display its manufacturer hazard classification label and any other required safety labeling, and such labeling must remain intact and legible. To the extent a device does not have a manufacturer hazard label, the facility or operator must obtain the correct classification from the manufacturer and ensure a proper label is affixed.

**The label should, at minimum, correspond to the class of laser as defined by 21 C.F.R. 1040.10.*

3.3 Eye Protection.

3.3.1 Availability of Protective Eyewear. An operator or facility must have, on hand and available for use, at least two pairs of laser protective eyewear appropriate to each device used by a facility or operator. Eyewear must be rated for the specific wavelength(s) emitted by the device, as specified by the device or eyewear manufacturer.

**Appendix B should be referenced as it is a Practical Guide to Eyewear for Aesthetic Laser Practice.*

3.3.2 Operator and Personnel Eye Protection. The operator, and any other person present in the immediate treatment area while a device is in operation, must wear protective eyewear appropriate to the device in use.

A "Treatment Area" is the space, typically a bay or room, in which a procedure is performed and within which a laser or light-based beam, or its reflections could reasonably reach a person's eyes or skin while the device is in operation.

3.3.3 Patient Eye Protection. The patient must be provided, and wear, the appropriate eye protection during any procedure in which the patient's eyes may be exposed to the device.

3.3.4 Condition of Eyewear. Protective eyewear must be inspected periodically and kept in good condition. Eyewear that is damaged, faded, pitted, cracked, or otherwise compromised must be removed from use.

3.4 Treatment Area Safety.

3.4.1 Definition. A treatment area is the space, typically a bay or room, in which a procedure is performed and within which a laser or light-based beam, or its reflections could reasonably reach a person's eyes or skin while the device is in operation.

3.4.2 Controlled Access. During any procedure, access to the treatment area must be limited to the patient, the operator, and other authorized persons. Persons who are not wearing appropriate eye protection must not be permitted to enter the treatment area while a device is in operation.

**Authorized persons are individuals the operator or Laser Safety Officer has permitted to be present for a legitimate reason connected to the procedure. This may include an assisting staff member, a trainee under supervision, or a person assisting the patient. Any authorized person within a treatment area must have been advised of the eye protection requirement and provided appropriate eye protection.*

3.4.3 Warning Signage. A laser warning sign must be posted at the entrance to the treatment area and displayed while a device is in operation, indicating that a laser is in use and that eye protection is required to enter.

**Appendix C explains a recognized laser warning-sign convention and provides templates for adoption and adaptation.*

3.4.4 Beam Containment. The treatment area must be arranged so that the beam cannot reach outside the treatment area while the device is in operation. Where the treatment area has windows, doors, or other openings through which the beam could pass, those openings must be covered or blocked during operation with a barrier that stops the beam of the device in use. Where the treatment area is open, such as a bay, the device must be positioned, screened, or barriered so that the beam cannot travel beyond the area toward another person or object.

3.4.5 Reflective Surfaces. Mirrors or other highly reflective objects must be kept out of the beam path during operation, so that the beam cannot be reflected toward a person.

3.5 Non-Beam Safety: Fire, Plume,and Infection Control.

3.5.1 Flammable Materials. Flammable materials must be kept clear of the beam path during operation. Alcohol-based preparations and other flammable solutions applied to the skin must be allowed to dry fully before a device is operated.

3.5.2 Fire Suppression. A functioning fire extinguisher must be readily accessible in the treatment area (as defined in Section 3.4.1).

3.5.3 Plume Management. For any procedure that generates plume, which, for aesthetic laser procedures, is generally limited to tattoo removal and ablative skin resurfacing procedures, the facility or operator must use appropriate smoke evacuation or local exhaust ventilation to capture plume at or near the point of generation.

**Some lasers capable of generating plume have built-in or integrated plume management systems. As part of an application to the Authority, the Authority will determine if any listed device in an application has such a system, and if not, will ask an Applicant to identify the external plume management system the Applicant employs, if any.*

3.5.4 Standard Precautions. The facility or operator must follow standard infection-control precautions consistent with the OSHA Bloodborne Pathogens Standard (29 C.F.R. § 1910.1030). At a minimum, this includes performing hand hygiene before and after each patient contact; wearing disposable gloves whenever contact with skin, blood, or other bodily fluids is reasonably anticipated, and changing them between patients; and managing any sharps and contaminated materials so that patients and personnel are not exposed to them.

3.5.5 Surface and Equipment Disinfection. Between patients, the facility or operator must clean and disinfect all treatment surfaces and any equipment or device component that contacts the patient, using a disinfectant and method appropriate to the surface and consistent with the manufacturer's instructions. Any reusable item that contacts the patient must be cleaned and disinfected, or sterilized, between patients as appropriate to the item before it is used again.

3.5.6 Single-Use Items. Items intended for single use must be discarded after each procedure performed on a patient and must not be reused.

**Appendix D provides a comprehensive list of single use items.*

3.6 Patient Intake and Consent.

3.6.1 Patient Screening. Before a patient's first procedure, the facility or operator must obtain and record a basic health history sufficient to identify contraindications to treatment, including (as relevant to the procedure) photosensitizing medications, recent sun exposure or tanning, pregnancy, history of keloid or abnormal scarring, active skin infection or lesion in the treatment area, and prior adverse reactions to laser or light-based treatment.

3.6.2 Skin Assessment. Before treatment, the operator must assess the patient's skin type (for example, using the Fitzpatrick scale) to inform appropriate device settings for the patient.

3.6.3 Informed Consent. Before a patient's first procedure, the facility or operator must obtain the patient's written informed consent, which must identify the procedure to be performed and disclose its reasonably foreseeable risks, including the risk of burns, blistering, changes in skin pigmentation, scarring, and eye injury.

3.6.4 Eye Protection Notice. Before a patient's first procedure, the facility or operator must obtain the patient's written acknowledgement that the patient must wear the provided safety goggles or eyewear at all times during the entire duration of the procedure where removal of the goggles or eyewear can result in eye damage. The patient must acknowledge that if the patient removes the goggles at any time during a procedure, the patient is doing so at his or her own risk and the treatment will be terminated regardless of the stage of the procedure.

3.6.5 Test Spot. Where recommended by the device manufacturer or appropriate to the procedure and patient, the operator should perform a test spot at the intended treatment settings and observe the response before proceeding to full treatment. Before firing a laser upon a test spot, the laser operator must inform the patient that a laser or light emission device will be fired.

3.6.6 Pre-Device Firing. Before any beam or light is emitted from a device in a procedure, the laser operator must inform the patient that a laser or light emission device will be fired.

3.6.7 Aftercare Instructions. Following a procedure, the facility or operator must provide the patient with written aftercare instructions appropriate to the procedure performed, including expected reactions, steps the patient should take to care for the treated area, and signs that warrant seeking medical attention.

3.7 Treatment Documentation.

3.7.1 Treatment Record. For each procedure performed, the facility or operator must create and retain a treatment record. At a minimum, the record must identify the patient, the date of the procedure, the procedure performed, the device used, and the treatment settings or parameters applied.

3.7.2 Treatment Area Documentation. Where appropriate to the procedure, the record should include identification of the treatment area, by written description, diagram, or photograph.

3.7.3 Operator Identification. Each treatment record must identify the operator who performed the procedure.

3.7.4 Retention. Treatment records must be retained for the period required by applicable state law, or, where no period is specified, for a minimum of seven (7) years.

3.7.5 Privacy and Security of Records. Treatment records and any associated patient information must be stored and maintained securely such that patient information is protected against unauthorized access, use, or disclosure. To the extent applicable, treatment records and any associated patient information must be stored and maintained in compliance with all applicable patient-privacy and data-security laws, including, where applicable to the facility or operator, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, and any applicable state medical-privacy law.

**The Authority may regularly collect information related to a facility or operator's storage of treatment records to determine if specific storage and maintenance of such records are properly carried out.*

3.8 Adverse Event Response and Reporting.

3.8.1 Response to Adverse Events. Where a patient experiences a suspected adverse event arising from a procedure, the facility or operator must promptly assess the patient and take appropriate action, which may include referring the patient for medical evaluation. A suspected eye injury must be referred for prompt evaluation by an appropriate eye-care professional. Any adverse event that is severe, worsening, or beyond the expected reaction for the procedure must be referred for medical evaluation.

**Appendix E provides a comprehensive list of adverse events.*

3.8.2 Adverse Event Record. The facility or operator must document each suspected adverse event, including the date, the procedure and device involved, the treatment settings applied, a description of the event, and any referral or follow-up provided.

3.8.3 Regulatory Reporting. The facility or operator must report adverse events to regulatory authorities where required by applicable law, including reporting to the U.S. Food and Drug Administration under its Medical Device Reporting requirements for serious injuries and to state authorities under any applicable state incident-reporting requirements.

**Certain facilities classified as "device user facilities" under federal law must report serious injuries to the FDA via its "MedWatch" program (Form 3500A); other facilities and operators may report voluntarily through the same program.*

3.8.4 Notice to the Authority. The facility or operator must notify the Authority of adverse events arising from a procedure performed in accordance with the Certification Agreement.

**Visit notify.lasersafecertified.com if notice to the Authority needs to be made.*

3.9 Recordkeeping.

3.9.1 Maintenance of Records. The facility or operator must maintain the records required by these Standards. Each category of record must be retained for the period specified in these Standards or, where none is specified, as required by applicable law.

3.9.2 Production to the Authority. Upon the Authority's request in connection with a complaint review or audit, the facility or operator must make the records required by these Standards available to the Authority, excluding any patient-identifiable medical information, which must not be submitted to the Authority.

3.10 General Compliance.

3.10.1 Accuracy of Representations. A Certified Facility or Operator is responsible for the accuracy and completeness of all information provided to the Authority. All representations made in connection with an application, renewal, or communications related to certification must be true and accurate.

3.10.2 Ongoing Compliance. Certification reflects compliance with these Standards as of the date of certification. The Certified Facility or Operator must maintain compliance with these Standards throughout the term of certification, and must promptly notify the Authority of any change in circumstances that affects compliance.

3.10.3 Compliance with Applicable Law. The Certified Facility or Operator must comply with all federal, state, and local laws, regulations, and licensing requirements applicable to its operation and to the procedures it performs. These Standards do not relieve the Facility or Operator of any obligation under applicable law, and where applicable law imposes a requirement more stringent than these Standards, the more stringent requirement governs.

4. Application and Verification Procedures

4.1 Submission.

Applications for certification are submitted online through the Authority's applicant portal at www.apply.lasersafecertified.com. Each facility or operator seeking certification must complete and submit a separate application. Upon submission, the applicant will receive a unique application identifier ("Application ID") for use in all subsequent communications with the Authority. By submitting an application, the applicant acknowledges that any certification granted or conditionally granted will be governed by the Authority's Certification Agreement.

For Owners of Multi-Location Enterprises, Chains, or Franchisors: Entities seeking to certify multiple Facilities should **not** submit individual applications for each location through the applicant portal. Instead, contact the Authority directly at **contact@lasersafecertified.com** to arrange a coordinated multi-facility application process. Volume pricing and consolidated review is available, subject to a fee schedule.

Paper applications are also available for applicants that do not wish to apply online. The paper application (which contains submission instructions) can be downloaded and printed here: apply.lasersafecertified.com.

4.2 Verification.

The Authority reviews each application for completeness and consistency with these Standards. Verification may include, in the Authority's discretion, review of the application materials submitted, review of supporting documentation, confirmation through publicly available records, and any follow-up inquiries the Authority deems necessary. The Authority reserves the right to request additional documentation or take any other reasonable steps to verify the representations made in an application.

4.3 Timeline.

The Authority commits to a verification turnaround of **no longer than fourteen (14) calendar days** from the date of submission of a complete application. Applications that are incomplete, that contain inconsistencies requiring follow-up, or that are received during periods of high application volume may take longer. The Authority will notify the applicant in writing if review will exceed fourteen days.

4.4 Decisions.

Upon application, the Authority will issue one of the following decisions:

(a) **Certification Granted.** The applicant becomes certified and is issued a physical certification package. The applicant is then added to the Authority's public registry at www.lasersafecertified.com.

(b) **Conditional Certification.** The applicant is granted certification subject to satisfaction of one or more specified conditions within a period specified to the applicant. Failure to satisfy the conditions results in withdrawal of certification.

(c) **Deferred — Cure Permitted.** The applicant has not yet demonstrated compliance with one or more requirements but may cure the deficiency by supplementing the application within thirty (30) days.

(d) **Denied.** The applicant has failed to demonstrate compliance with one or more requirements and the deficiency is not curable, or the applicant is ineligible under Section 2. A denied applicant may reapply after a period of ninety (90) days, accompanied by a new application and application fee.

4.5 Notification.

The Authority communicates all decisions in writing through email to the contact identified in the application. Each decision identifies the basis for the decision and, where applicable, the reasons for conditional certification, cure requirements, or grounds for denial. If no email is provided, the Authority will communicate through physical mail to an address provided. Approved applicants additionally receive a physical certification package, mailed to the applicant upon certification granting.

4.6 Appeals.

An applicant denied certification may submit a written appeal to the Authority within thirty (30) days of the decision. Appeals are reviewed by an individual at the Authority who was not involved in the original decision. The Authority will issue a written appeal decision within thirty (30) days of receipt of the appeal.

4.7 Fees.

Certification under these Standards requires payment of two fees: an application fee, which is paid at the time of application, and a certification fee, which is automatically charged upon approval or conditional approval. Renewal fees are separate, and subject to the Certification Agreement. Fees are collected to support the administration of the certification program, standards development and maintenance, and program operations. Fees are non-refundable.

4.8 Confidentiality, Use of Applicant Submitted Information and Materials.

Information submitted in connection with an application is treated as confidential by the Authority and used solely for purposes of verification, certification, and ongoing administration of the Mark. The Authority may publish the fact of certification, the name and location of the Certified Facility or Operator, the certification level (if applicable), and the certification effective and expiration dates in its public registry.

4.9 Protected Health Information.

The application process and communications with the Authority does **not** require, request, or contemplate the submission of any patient-identifiable medical information, including any "Protected Health Information" as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations at 45 C.F.R. Parts 160 and 164. Applicants must **not** submit any Protected Health Information to the Authority in connection with an application or any subsequent communication. The Authority does not act as a "business associate" of any applicant or Certified Facility or Operator within the meaning of HIPAA, and no business associate agreement is required or offered.

5. Term, Renewal, and Revocation

5.1 Term.

Certification under these Standards is valid for one year from the date of issuance and expires at the end of that term unless renewed.

5.2 Renewal.

Renewal is conditioned on the Certified Facility or Operator's continued compliance with these Standards. The Authority issues a renewal package each year that includes the version of these Standards then in effect. The Certified Facility or Operator is responsible for reviewing the then-current Standards and confirming continued compliance, and must promptly notify the Authority of any condition affecting compliance. The Authority may, in its discretion, conduct any review of a Certified Facility or Operator's continued compliance that it deems appropriate prior to or following renewal pursuant to the Certification Agreement. Certification renews automatically each year upon the Authority's successful processing of the renewal fee through a Certified Facility's/Operator's payment method on file.

5.3 Lapse.

If the renewal fee cannot be processed on the renewal date, the Authority will notify the Certified Facility or Operator and provide a sixty (60) day period within which to cure the payment failure. If the renewal fee remains unpaid at the end of the cure period, the certification lapses and the Facility or Operator must reapply under Section 4.

5.4 Revocation.

The Authority may revoke certification at any time, in its discretion, on any of the following grounds, among others as may be set forth in the Certification Agreement:

(a) misrepresentation in the application, renewal, or communication with the Authority;

(b) failure to maintain compliance with these Standards;

(c) criminal charges being brought against the Facility, Operator, or any owner, member, employee, or principal of the Facility; and

(d) breach of the Certification Agreement.

The procedures governing revocation, including any applicable notice and cure provisions, are set forth in the Certification Agreement.

5.5 Effect of Revocation or Expiration.

Upon revocation or expiration of certification, the facility or operator is no longer certified and may not represent itself as being certified in any form. The former facility or operator will be removed from the Authority's public registry.

5.6 Appeals.

A facility or operator whose certification has been revoked may submit a written appeal to the Authority within thirty (30) days of the revocation. The Authority will issue a written appeal decision within thirty (30) days of receipt of the appeal. The decision on appeal is final.

5.7 No Reinstatement.

A facility or operator whose certification has been revoked and does not submit a written appeal or whose appeal decision upholds revocation is not eligible for reinstatement or future certification under these Standards.

6. Complaints, Audits, and Enforcement

6.1 Complaints.

The Authority maintains a public complaints channel through which any person, including consumers, employees, competitors, regulators, and members of the public, may report concerns regarding a Certified Facility or Certified Operator. Complaints can also be made against individuals, facilities, or entities suspected of posing as holding a certification from the Authority (for example, claiming that they are LASER SAFE CERTIFIED), when they are not in fact certified. Complaints may be submitted at **complaints.lasersafecertified.com**.

6.2 Review of Complaints.

The Authority reviews each complaint received and determines, in its discretion, what action (if any) is warranted. Possible actions include, without limitation, dismissal of the complaint, a request for additional information from the complainant, a request for response from the Certified Facility or Certified Operator, and the commencement of revocation.

6.3 Audits.

The Authority reserves the right, at any time and in its discretion, to audit any Certified Facility or Certified Operator's continued compliance with these Standards. Audits may take any form the Authority deems appropriate, including requests for documentation, written requests, remote review, and in-person inspection. The procedures, scope, and cooperation obligations applicable to audits are set forth in the Certification Agreement.

7. Standards Revision

7.1 Authority to Revise.

The Authority is the sole entity authorized to promulgate, amend, or supplement these Standards. The Authority may revise these Standards in its discretion.

7.2 Inquiries and Requests.

Any person may submit an inquiry or request regarding the content of these Standards, including a request that the Authority consider a particular revision, by submitting a request at standards.lasersafecertified.com.

7.3 Notice of Revisions.

The Authority provides notice of any revision to these Standards to each Certified Facility and Certified Operator by email to the contact on file. The version of these Standards in effect at any given time is published on the Authority's website at www.lasersafecertified.com.

Appendix A

The Laser Safety Officer (LSO): Responsibilities Checklist

The LSO is the person responsible for laser safety. In a solo or mobile practice, that person is simply the operator. The LSO either performs each responsibility below or ensures a qualified person does. The LSO does not need to be onsite for each procedure, but should be generally available.

☐ **Oversees the devices.** Ensures each device is suitable for its use, correctly classified and labeled by the manufacturer or with appropriate labels otherwise, and maintained on the manufacturer's schedule or a generally accepted schedule.

☐ **Oversees the people.** Ensures everyone who operates a device is authorized to do so, has completed proper training, and understands the safety practices that apply.

☐ **Oversees the protections.** Ensures wavelength-appropriate eye protection is available, in good condition, and used, and that access to the treatment area is controlled during procedures.

☐ **Oversees the records.** Ensures the records the Standards require, training, maintenance, treatment, and adverse events, are kept and accessible.

☐ **Manages adverse events.** Responds to any adverse event, reports it where required, and takes steps to prevent it from recurring.

☐ **Holds the authority to stop unsafe use.** Can pause or stop the use of any device when safety controls are not adequate.

Appendix B

Eye Protection - A Practical Guide to Eyewear for Aesthetic Laser Practice

This appendix is informational. It explains how laser eye protection works and how to choose and use it in aesthetic practice. It is a practical guide, not a substitute for the manufacturer's specifications for your specific devices and eyewear.

1. Why Eye Protection Matters

Lasers and light devices concentrate energy at levels the eye cannot tolerate. A stray reflection or a momentary direct exposure can injure the retina or cornea, sometimes permanently, and sometimes without immediate pain. Eye protection is not a formality. It is the single most important piece of personal protective equipment in laser work, for the operator, for anyone else in the room, and for the patient.

The good news is that protecting the eyes is straightforward once you understand two ideas: protection is specific to the wavelength of light your device emits, and protection is rated by how much of that light it blocks. The rest of this guide explains both in plain terms.

2. What to Wear: The Basics

In any setting where a laser or intense light device is in operation, eye protection means purpose-made laser protective eyewear, goggles, spectacles, or a face shield designed and rated for laser use. Ordinary sunglasses, tinted lenses, blue-light glasses, or general safety glasses do not protect against laser radiation and must never be used as a substitute.

Who wears it

Everyone whose eyes could be reached by the beam or its reflections while a device is operating. In practice that means:

- **The operator.** Always, during every procedure.
- **Anyone else in the treatment area.** Assistants, observers, or other staff present while the device is in use.
- **The patient.** Provided with appropriate eye protection during any procedure where the eyes could be exposed, and especially for treatments on or near the orbital rim of the face, where dedicated eye shields (entire blockout glasses) should be used.

Proper laser eyewear is

- **Rated for laser use.** Designed specifically to absorb or reflect laser energy, not merely impact-rated like ordinary safety glasses.

- **Labeled.** Generally, eyewear is directly marked with the wavelength range it protects against and its optical density (explained below). Other times, such information may be marked on the eyewear's case or packaging.
- **Matched to your device.** Selected for the specific wavelength your device emits, which is the most important point in this guide, and the subject of the next section.

3. Wavelength and Optical Density

Two numbers determine whether a given pair of eyewear will actually protect eyes: the **wavelength** it is rated for, and its **optical density** at that wavelength.

Wavelength — the match that matters most

Every laser emits light at a specific wavelength (***or sometimes more than one***), generally measured in nanometers (nm). Eyewear is engineered to block a particular wavelength range. Eyewear that fully protects against one wavelength can offer almost no protection against another. This is the central rule of laser eye protection: the eyewear must match the wavelength(s) of the device in use.

Wavelengths fall into three broad bands — ultraviolet (roughly 100–400 nm), visible (roughly 400–700 nm), and infrared (roughly 700 nm and above). Most aesthetic devices operate in the visible and near-infrared range. Your device's wavelength is stated by its manufacturer, your eyewear's rated range is printed on the eyewear. They must line up.

Optical density — how much it blocks

Optical density, or OD, measures how strongly the eyewear attenuates light at a given wavelength. Each step of OD blocks ten times more light: OD 3 blocks about 99.9%, OD 5 blocks about 99.999%, and so on. Higher OD means more protection, but also a darker lens and less visibility of the treatment field, so the right OD is the one that brings exposure to a safe level while still allowing for visibility (generally, for the operator). The required OD for a given device is determined from the device's output and is specified by the manufacturer.

Eyewear states both values together, in a form such as **"OD 6+ @ 755–1064 nm."** Read it as: this eyewear provides an optical density of at least 6 across the 755 to 1064 nanometer range. To use it safely, confirm your device's wavelength falls inside that range and that the OD meets what the manufacturer requires.

THE MULTI-WAVELENGTH TRAP

Many aesthetic and dental devices emit at more than one wavelength. Eyewear rated for one of those wavelengths may leave you unprotected at the other. Wavelength mismatch, using eyewear outside its tested range, is a leading cause of laser eye injuries. If your device emits multiple wavelengths, use eyewear rated for all of them.

4. Choosing the Right Eyewear

There is little to no need to calculate protection levels yourself, your device and eyewear manufacturers provide the specifications. Your job is to select eyewear whose ratings meet those specifications and suit the work. The factors below affect that choice:

- **Wavelength(s) of your device.** The eyewear's rated range must cover ***every*** wavelength your device emits.
- **Required optical density.** Must meet or exceed the OD the manufacturer specifies for your device.
- **Fit and coverage.** Comfortable, secure, with side protection where appropriate so the beam cannot reach the eye from an angle.
- **Condition and quality.** From a reputable supplier, and should generally have permanent wavelength and OD markings.
- **Total Blockout Shields.** Use total blockout eyeshields when performing treatments on or near the orbital rim of the face.

> **WHEN IN DOUBT**
> Match the wavelength first, confirm the optical density second, and consult your device manufacturer, your eyewear supplier, or your Laser Safety Officer before use. If you cannot confirm that a pair of eyewear is rated for the device in use, do not perform the procedure.

5. Care, Inspection, and Replacement

Laser eyewear protects only as long as it is intact. Filters and coatings degrade with handling, cleaning, heat, and time. Build a habit of checking eyewear before use and retiring anything questionable.

- **Inspect before use.** Check lenses for pitting, cracking, crazing, scratches, or discoloration, and frames and straps for damage or looseness.
- **Clean gently.** Follow the manufacturer's cleaning instructions; harsh handling can damage the protective coatings.
- **Replace when compromised.** Remove from service any eyewear that is damaged, faded, or no longer reliably protective. When in doubt, replace it.
- **Store properly.** Keep eyewear in its case, away from heat and pressure, so it lasts and stays accurate.

Appendix C

Treatment Area Warning Signs

This appendix is informational. It explains a recognized laser warning-sign convention and provides templates you may adapt. The sample wording and figures are illustrative; confirm the details for your own device against its specifications and the recognized laser-safety standards.

1. The Three Signal Words

Laser warning signs use one of three signal words, shown in a colored band, chosen according to how hazardous the device is. The signal word tells anyone approaching the area how serious the hazard is before they enter.

- **CAUTION (yellow).** Used for lower-hazard devices that do not exceed safe exposure limits; generally Class 2, 2M, and 3R.
- **WARNING (orange).** Used for devices that exceed safe exposure limits and could cause serious injury; generally Class 3B and most Class 4. Most aesthetic devices fall here.
- **DANGER (red).** Reserved for the highest-output Class 4 devices with exposed high-power beams.

Most aesthetic laser and light-based devices are Class 3B or Class 4, so in most aesthetic practices the correct sign is **WARNING**. Confirm your device's class from its label or manufacturer specifications.

2. Information Signs Should Contain

Whichever signal word applies, a complete sign carries the same core information, arranged around the laser hazard symbol:

- **Signal word.** CAUTION, WARNING, or DANGER, in the colored header.
- **Laser hazard symbol.** The standard sunburst symbol.
- **Area statement.** A short line identifying the space, e.g., "Laser Controlled Area" or "Laser In Use" and the highest class device the treatment area may use.
- **Precautionary instruction.** What to do, *e.g.*, "Avoid eye or skin exposure to direct or scattered radiation" and "Eye protection required to enter."
- **Device information.** The laser type, emitted wavelength, and maximum output power.
- **Eye-protection requirement.** Where applicable, the optical density and wavelength required, *e.g.*, "OD ≥ 5 @ 1064 nm."

This information may be pre-printed on the sign. **Use the same signal-word convention consistently across your practice**. Mixing conventions confuses staff and visitors.

3. Posting the Sign

- **At the entrance.** Post the sign at the entry to the treatment area so it is visible before anyone enters.
- **Only while in use.** Display it while the device is in operation; it need not remain posted when the area is not in laser use.
- **Keep it legible.** Replace any sign that is faded, damaged, or out of date with the current device.
- **Match your device.** If you change devices or settings, update the laser type, wavelength, power, and eye-protection details on the sign.

4. Sign Templates

The templates below show the layout for each signal word. Adapt the wording and fill in the remaining information (as described in Section 2, above) as necessary.

CAUTION

CLASS [X] LASER IN USE

DO NOT STARE INTO BEAM OR VIEW DIRECTLY

LASER TYPE, WAVELENGTH (IN NM)

[X] Maximum Power

WARNING

CLASS 4 LASER CONTROLLED AREA

AVOID EYE OR SKIN EXPOSURE TO DIRECT OR SCATTERED RADIATION

DO NOT ENTER WHEN DEVICE IS IN USE

EYE PROTECTION REQUIRED: OD > [X] @ WAVELENGTH (IN NM)

LASER TYPE, WAVELENGTH (IN NM) - [X] MAXIMUM POWER

DANGER

CLASS 4 LASER CONTROLLED AREA

AVOID EYE OR SKIN EXPOSURE TO DIRECT OR SCATTERED RADIATION

DO NOT ENTER WHEN DEVICE IS IN USE

EYE PROTECTION REQUIRED: OD > [X] @ WAVELENGTH (IN NM)

LASER TYPE, WAVELENGTH (IN NM) - [X] MAXIMUM POWER

Appendix D

Single Use Items

This appendix is informational. It provides a generally comprehensive list of single use items that an aesthetic laser facility or operator may make use of.

Patient preparation items. Disposable cleansing wipes, alcohol wipes, antiseptic wipes, chlorhexidine wipes, povidone-iodine swabs, pre-treatment skin preparation pads, disposable makeup-removal wipes, facial cleansing cloths, cotton rounds, cotton pads, cotton balls, cotton-tipped applicators, cotton swabs, gauze pads, gauze rolls, nonwoven sponges, dental rolls, lip rolls, disposable towels, disposable washcloths, and disposable drapes.

Application and treatment-area items. Wooden applicators, tongue depressors, spatulas, disposable brushes, disposable microbrushes, disposable applicator sticks, disposable mixing sticks, disposable cups, medicine cups, gel cups, treatment cups, disposable bowls, disposable trays, sterile or nonsterile disposable basins, adhesive measuring guides, disposable treatment grids, adhesive treatment-area templates, and disposable measuring tapes.

Laser, Intense Pulsed Light (IPL), and energy-device contact items. Disposable handpiece tips, treatment tips, window covers, tip covers, tip sleeves, spacer tips, distance gauges, contact plates, disposable cartridges, single-use rollers, single-use stamps, single-use microneedling or fractional tips, disposable fiber tips, disposable laser fibers, disposable cannulas or fiber sleeves where applicable, disposable nozzle covers, disposable plume evacuator nozzles, disposable smoke evacuator tubing, disposable suction tubing, disposable filters, disposable pre-filters, and any device-specific component designated by the manufacturer as single-use. Disposable eye shields and laser/IPL eye-protection products are also commercially used for patient protection in certain laser/IPL contexts.

Coupling, cooling, and topical-product consumables. Single-patient portions of laser gel, IPL gel, coupling gel, ultrasound gel, conductive gel, cooling gel, topical anesthetic, numbing cream, post-treatment balm, occlusive ointment, aloe gel, hydrating gel, calming serum, post-laser serum, sunscreen, barrier cream, or other topical products dispensed into a single-use cup, onto a disposable applicator, or otherwise removed from the original container for patient use. Multi-use product containers should <u>not</u> be touched directly with contaminated gloves or used in a manner that allows back-contamination.

Patient protection and barrier items. Disposable adhesive eye shields, disposable laser/IPL eye pads, disposable ocular covers, disposable under-eye pads, disposable headbands, bouffant caps, hair covers, beard covers, face masks, procedure masks, disposable gowns, capes, bibs, towels, sheets, table paper, exam-table covers, pillow covers, headrest covers, chair covers, armrest covers, disposable blankets, modesty

garments, disposable underwear, disposable adhesive nipple covers, and disposable shoe covers.

Provider personal protective equipment and barrier items. Disposable gloves, sterile gloves where applicable, procedure masks, respirators when required by the procedure or plume-control protocol, disposable face shields, disposable eyewear covers, disposable gowns, disposable aprons, sleeve covers, bouffant caps, hair covers, beard covers, and shoe covers. *Reusable* protective eyewear may be reused only if it is appropriate for the wavelength and optical density and is cleaned and disinfected between procedures.

Environmental and equipment-barrier items. Disposable barrier film, adhesive barrier tape, disposable keyboard covers, mouse covers, touch-screen covers, handpiece sleeves, cord covers, laser-arm covers, hose covers, foot-pedal covers, tray covers, instrument-table covers, Mayo stand covers, disposable pads, disposable absorbent liners, and any other disposable covering used to protect a surface, cable, handpiece, device control, furniture item, or accessory from contamination.

Hair-removal and shaving-related items. Disposable razors, razor cartridges, shaving sticks, shaving cream dispensed for single-patient use, disposable trimming guards where not reusable, disposable scissors or clippers where designated single-use, hair collection pads, disposable hair-removal wipes, and adhesive lint or hair-removal sheets.

Cooling and comfort items. Disposable cold packs, instant ice packs, single-use gel packs, disposable cloth barriers used with cold packs, single-use compresses, disposable post-treatment cooling masks, and disposable fans or air-contact accessories where designated single-use. Reusable cooling devices, Zimmer-type hoses, cold rollers, ice globes, and similar accessories should be cleaned and disinfected between patients unless covered by a single-use barrier.

Wound-care and post-treatment items. Adhesive bandages, non-adherent pads, sterile gauze, petrolatum gauze, wound dressings, hydrogel dressings, silicone dressings, tape strips, medical tape portions, steri-strips, cotton applicators, post-procedure wipes, disposable sunscreen packets, aftercare packets, and any take-home dressing or product that contacts treated skin.

Sharps and invasive-treatment items. Where used in connection with the aesthetic service, including needles, lancets, syringes, microcannulas, blood-draw supplies, injection needles, needle caps, scalpel blades, dermaplaning blades, comedone lancets, microneedling cartridges, tattoo-removal blister drainage supplies, and any sterile single-use item that penetrates or contacts non-intact skin. **These items must be discarded in an appropriate sharps or biohazard container as applicable.*

Cleaning, spill, and waste-management items. Disposable disinfectant wipes, single-use cleaning wipes, paper towels, absorbent pads, spill-control pads, biohazard bags, disposable trash liners, disposable suction canisters or liners, disposable plume filters, and single-use cleaning implements used during turnover of the treatment room.

Appendix E

Adverse Events

This appendix is informational. It provides a generally comprehensive list of adverse events that may occur when providing aesthetic laser or light based procedures, as defined in Section 1.4 of the Standards.

Skin / Thermal injury

- Burns (second, or third degree)
- Prolonged charring or eschar formation
- Crusting beyond expected post-treatment crusting
- Prolonged erosion or ulceration of the skin at a treatment area
- Wounds that fail to heal in the expected timeframe

Scarring and Textural Change

- Hypertrophic scarring
- Keloid formation
- Atrophic scarring or depressions at a treatment area
- Permanent negative skin-texture change
- Fibrosis or induration

Eye / Ocular Injury

- Corneal injury or abrasion
- Retinal injury or burn
- Iris damage
- Photokeratitis
- Vision changes or loss
- Any injury resulting from eyewear removal or failure

Infection

- Bacterial skin infection at the treatment site
- Systemic infection arising from a treatment-site infection

Vascular / Bruising

- Persistent erythema (redness) beyond the expected period
- Hematoma
- Telangiectasia formation (new visible vessels)

Allergic / Systemic Reactions

- Severe allergic reaction to topical anesthetic, cooling gel, or prep agent (such as anaphylaxis)
- Contact dermatitis
- Urticaria (hives)
- Syncope (fainting) during or after the procedure
- Adverse reaction in a patient on photosensitizing medication

Pain / Sensation

- Prolonged Pain beyond the expected level
- Prolonged Numbness or altered sensation
- Prolonged Nerve irritation or injury


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