



Center for Functional Nanomaterials
Brookhaven National Laboratory

CFN Operations and Safety Awareness (COSA) Checklist

Nanofabrication – Clean Room
Building 735

This COSA form must be completed and approved for all experimenters coming to the CFN. User(s) must have already completed Guest Site Orientation. Return this form to the User Office.

CFN Safety Awareness Policy: Each user must be instructed in the safe procedures in CFN related activities. Instruction is valid for a maximum of 1 year, unless there are significant changes: experiment content and/or safety policies, or unless this laboratory requires a shorter duration. CFN Facility Laboratory personnel shall keep readily available all relevant instructions and safety literature.

<u>Employee/Guest Name</u>	<u>Life/Guest Number</u>	<u>Department/Division</u>
<u>Bob Sabatini/x3509</u>	<u>Chuck Black</u>	
ES&H Coordinator/Ext.	Facility Manager	COSA Trainer
<input type="checkbox"/> Staff	<input type="checkbox"/> Guest	<input type="checkbox"/> User

USER ADMINISTRATION

- Checked in at User Administration and has valid BNL ID badge
- Safety Approval Form (SAF) approved. SAF No. _____
- Training requirements completed (Indicate additional training specified in SAF or ESR in lines provided below):

Select ESR (Circle)	7	8	<i>User Admin Only:</i> Indicate if Training Complete	Trainer/Admin Notes		
JTA No.:	NC-11	NC-11				
Room Nos.	44, 45, 46	42, 43				
Cyber Security Training GE-CYBERSEC	X	X				
Laboratory Standard HP-IND-220	X	X				
Hazardous Waste HP-RCRIGEN3	X	X				
Compressed Gas TQ-COMPGAS-1	X	X				
Cryogen Safety HP-OSH-25	X	X				
Electrical Safety - Benchtop Workers TQ-ELECT-BENCHTOP	X	X				
Oxygen Deficiency Hazard TQ-ODH	X	X				
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X	X				

Signed: _____ Date: _____
CFN User Administration

FACILITY SAFETY

- Clean room tour: Escorted tour of clean room facilities
- Read and understood clean room orientation/protocols
- Gowning procedure: demonstrate proper clean room dress
- Personal protection equipment: location of all necessary PPE

I understand the instructions given to me on the facility/laboratory operations and safety awareness and that violation of clean room rules can result in temporary loss of access to the facility. Final decision will be made by CFN Clean Room staff.

Employee/Guest Signature: _____

Date: _____