



Center for Functional Nanomaterials
Brookhaven National Laboratory

CFN Operations and Safety Awareness (COSA) Checklist

Electron Microscopy Facility
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, Cyber Security, and Laboratory Standard. 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.

Employee/Guest Name

Life/Guest Number

Department/Division

Bob Sabatini/x3509

Yimei Zhu

COSA Trainer

ES&H Coordinator/Ext.

Facility Manager

Staff

Guest

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)	16	17	18	19	<i>User Admin Only:</i> Indicate if Training Complete	Trainer/Admin Notes
JTA No.:	NC-1	NC-1	NC-1	NC-1		
Room Nos.	29, 30	24, 25	27, 28	26		
Cyber Security Training GE-CYBERSEC	X	X	X	x		
Laboratory Standard HP-IND-220	X	X	X	X		
Hazardous Waste HP-RCRIGEN3	X	X	X	X		
Compressed Gas TQ-COMPGAS-1	X	X	X	X		
Cryogen Safety HP-OSH-25	X	X	X	X		
Electrical Safety - Benchtop Workers TQ-ELECT-BENCHTOP	X	X	X	X		
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X	X	X	X		

Signed: _____
CFN User Administration

Date: _____

FACILITY SAFETY

Facility tour, including galley areas

Personal protection equipment: location of all necessary PPE

Card Entry: Use of card to enter room, proper room entry (no piggybacking) – *no entry to service chase by users without specific authorization*

After Hours Policy: Normal working hours is 8 to 6, Mon. to Fri. Users and guests do not receive controlled access to the building without authorization; require approval of Facility Leader and ES&H Coordinator for after-hours work in the labs, including weekends.

EMERGENCY PROCEDURES

- Emergency phone numbers:** Fire/Medical x2222, Security x2238, Bldg. Manager x5937, ES&H Coordinator x3509
- Fire alarms:** Evacuate by nearest safe exit and meet at semi-circle by the recharge basin on the west side of the parking lot
- Site alarms:**
 - Continuous Siren** – Go to indoor main assembly area in Laboratory 1L01
 - Intermittent Siren** – **Evacuate site** immediately; apartment residents proceed indoors, close all windows and doors, and await further instruction from the Laboratory emergency forces or housing personnel
 - Test of Site Alarm** – every Monday at noon
- Nearest exits, route identification and walkdown**
- Spill Containment**
- Eyewash/shower station**
- Fire Extinguisher & Fire Alarm Pull Station** locations

LAB AND EXPERIMENTAL SAFETY

- Safety personnel are:** L. Zhang x3512, E. Sutter x7179, D. Su x5047
- ESR read and reviewed.** Select appropriate ESRs: 16 17 18 19
- SOPs read and reviewed as necessary (Specify):** _____
- Read Interim Procedure:** Approach to Nanomaterials ESH
- Cryogenics** fill station and demonstrate use
- Chemical** use, labeling, and storage
- Acids**
- Satellite Accumulation Area** (Hazardous Waste SAA)
- Electrical:** No work on exposed parts above 50V without Electrical Safety 1 Training and Dept. ES&H approval
- Further training:** All equipment use is subject to additional training from authorized CFN Staff. ESR, SAF and COSA do not represent authorization for use of any equipment.

ADDITIONAL TRAINING/COURSE TITLE	Trainer Initial	Comments								
	<p>DESIGNATED COSA TRAINERS:</p> <table border="1"> <tr> <td data-bbox="289 1138 409 1180"><input type="checkbox"/></td> <td data-bbox="409 1138 967 1180">D. Su</td> </tr> <tr> <td data-bbox="289 1180 409 1222"><input type="checkbox"/></td> <td data-bbox="409 1180 967 1222">E. Sutter</td> </tr> <tr> <td data-bbox="289 1222 409 1264"><input type="checkbox"/></td> <td data-bbox="409 1222 967 1264">L. Zhang</td> </tr> <tr> <td data-bbox="289 1264 409 1308"><input type="checkbox"/></td> <td data-bbox="409 1264 967 1308">Y. Zhu</td> </tr> </table>	<input type="checkbox"/>	D. Su	<input type="checkbox"/>	E. Sutter	<input type="checkbox"/>	L. Zhang	<input type="checkbox"/>	Y. Zhu	Trainer's Signature:
<input type="checkbox"/>	D. Su									
<input type="checkbox"/>	E. Sutter									
<input type="checkbox"/>	L. Zhang									
<input type="checkbox"/>	Y. Zhu									

I understand the instructions given to me on the facility/laboratory operations and safety awareness and that violation of facility/laboratory procedures can result in temporary loss of access to the facility.

Employee/Guest Signature: _____

Date: _____