



Center for Functional Nanomaterials
Brookhaven National Laboratory

CFN Operations and Safety Awareness (COSA) Checklist

Ultrafast Optical Sources
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.

<u>Employee/Guest Name</u>	<u>Life/Guest Number</u>	<u>Department/Division</u>
Bob Sabatini/x3509	Chuck Black	
ES&H Coordinator	Facility Leader	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 provide below):

Select ESR (Circle)		<i>User Admin Only:</i> Indicate if Training Complete	Trainer/Admin Notes		
	20				
JTA No.:	NC-13				
Room Nos.	01B				
Cyber Security Training GE-CYBERSEC	X				
Laboratory Standard HP-IND-220	X				
Hazardous Waste HP-RCRIGEN3	X				
Compressed Gas TQ-COMPGAS-1	X				
Electrical Safety - Benchtop Workers TQ-ELECT-BENCHWORK	X				
Laser Safety TQ-LASER	X				
Laser Medical Surveillance OM-MEDSURV-LASER	X				
Nanotechnology in the Workplace – Nano Workers	X				

Signed: _____ Date: _____
CFN User Administration

FACILITY SAFETY

- Facility tour** (laser facility 1L01B)
- 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, Laser Safety Officer x4371, ES&H 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: **M. Sfeir x4349**
- ESR read and reviewed
- Laser Eye Exam
- Laser SOP Training – SOP NC-2007-ELM-Laser-3
- SOPs read and reviewed as necessary (Specify): _____
- Completion of **BES New Laser User Orientation & Authorization Checklist**
- Read Interim Procedure: Approach to Nanomaterials ESH
- Chemical use, labeling, and storage

- 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.

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

ADDITIONAL TRAINING/COURSE TITLE	Trainer Initial	Comments
DESIGNATED COSA TRAINERS:		Trainer's Signature:
<input type="checkbox"/>	M. Sfeir	

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: _____