This COSA form must be completed for all experimenters working in the CFN and must be submitted to the CFN User Office for badge access.

**CFN Safety Awareness Policy:** Each user must be instructed in the safe procedures in CFN related activities. CFN Facility Laboratory personnel shall keep readily available all relevant instructions and safety literatures.

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**USER ADMINISTRATION:**
- [ ] Checked in at User Administration and has valid BNL ID badge
- [ ] Safety Approval Form (SAF) approved.
- [ ] Training requirements completed (indicate additional training specified in SAF or ESR in lines provided below):

<table>
<thead>
<tr>
<th>Selected ESRs</th>
<th>20</th>
<th>13</th>
<th>25</th>
<th>User Admin Only Training Complete</th>
<th>Trainer/Admin Notes</th>
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<tr>
<td>JTA No.</td>
<td>NC-13</td>
<td>NC-19</td>
<td>NC-31</td>
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<tr>
<td>Room Numbers</td>
<td>1L01A</td>
<td>1L09</td>
<td>1L01C</td>
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<tr>
<td>CFN Safety Module for Users NC-ESH- Usuarios</td>
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<td>Laser Safety TQ-LASER</td>
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<tr>
<td>Laser Medical Surveillance OM-MEDSURV-LASER</td>
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<td>Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2</td>
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<td>Cryogen Safety HP-OSH-025</td>
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<td>Laboratory Standard HP-IND-220</td>
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<td>Compressed Gas Safety TQ-COMPGAS-1</td>
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<td>Electrical Safety for Benchtop Workers TQ-ELECT-BENCHTOP</td>
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</tr>
</tbody>
</table>

User Admin Signed: ___________________________ Date: ________________
## FACILITY SAFETY:

- Facility Tour:
  - Laser Facility 1L01A
  - Laser Facility 1L01C
  - Rooms 1L09 (Leica Confocal)

- Personal protection equipment: location of all the necessary PPE; requirements posted on lab doors

- Card Entry: Use of card to enter room, proper room entry (no piggybacking)

- After Hours Policy: Normal working hours is 8-6, Mon. to Fri. Users and guest do not receive after-hours or weekend access to the building without authorization of Facility Leader and Operations Manager

- Hazard Placard: Review hazards and instructions.

## EMERGENCY PROCEDURES:


- Site Alarms:
  - Continuous Siren – Go to indoor main assembly area (1st floor, middle corridor)
  - Intermittent Siren – Evacuate site immediately (apartment residents proceed indoors, close windows and doors, await further instruction from the Laboratory emergency forces or housing personnel)

- Test of Site Alarm – every Monday at noon.

- Building Alarms:
  - Fire alarms: Evacuate by nearest exit and meet at semi-circle recharge basin on the west side of the parking lot.
  - In the event of a highly toxic gas release at the CFN, a unique, temporal, 3-tone alarm will be generated by the building Emergency notification system, followed by a verbal message to evacuate out of the North exists only (front building). All must gather at the Outdoor Assembly Area near the West parking lot (curve stone wall).

- Fume hood alarm: Do not use hood if beeping; contact Safety personnel.

- Nearest exists, route identification and walkdown

- Spill Containment

- Eyewash/shower station

- Fire Extinguisher & Fire Alarm Pull Station locations

- Location of nearest telephone

## LAB AND EXPERIMENTAL SAFETY:

- Safety personnel: M. Cotlet 631-344-7778; D. Nykypanchuk 631-344-3045; M. Sfeir 631-344-4349

- ESR read and reviewed

- Laser Eye Exam

- Laser SOP Training – ESR: [ ] 13 [ ] 20 [ ] 25

- SOPs read and reviewed as necessary (Specify):

- Completion of BES New Laser User Orientation & Authorization Checklist

- 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

- Good Housekeeping: Return samples/chemicals to home institution

- 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 procedures, operations and safety instructions given to me for this facility and that I must promptly report equipment failures, spills, or off-normal event. I am aware that a willful violation of these procedures and requirements may result in the loss of my access to the facility.

<table>
<thead>
<tr>
<th>Employee/Guest Signature:</th>
<th>Date:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Trainer Signature:</th>
<th>Date:</th>
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</thead>
</table>

**DESIGNATED COSA TRAINERS:**

- [ ] M. Cotlet
- [ ] D. Nykypanchuk
- [ ] M. Sfeir