



CFN Operations and Safety Awareness (COSA) Checklist

Advanced Optical Methods Facility

Building 735

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.

Employee/Guest Name	Life/Guest Number	Email Address
Wai-Lin Ng / x7153	Kevin Yager	COSA Trainer
ES&H Coordinator/Ext.	Facility Manager	
<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. Added to ESR: _____ Proposal No: _____
- Training** requirements completed (indicate additional training specified in SAF or ESR in lines provided below):

Selected ESRs	20	13	25	User Admin Only Training Complete	Trainer/Admin Notes
JTA No.	NC-13 NC-13a	NC-19 NC-19a	NC-31 NC-31a		
Room Numbers	1L01A	1L09	1L01C		
CFN Safety Module for Users NC-ESH-USERS	[]	[]	[]		
Cyber Security Training GE-CYBERSEC	X	X	X		
Laser Safety TQ-LASER	X	X	X		
Laser Medical Surveillance OM-MEDSURV-LASER	X	[]	X		
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X	X	X		
Cryogen Safety HP-OSH-025	[]		[]		
Laboratory Standard HP-IND-220	X	X	X		
Compressed Gas Safety TQ-COMPGAS-1	[]		[]		
Hazardous Waste Generator HP-RCRIGEN3	X	[]	X		
Electrical Safety for Benchtop Workers TQ-ELECT-BENCHTOP	X	[]	X		

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:

- Emergency phone numbers:** Fire/Medical: 631-344-2222, Security: 361-344-2238, Laser Safety Officer 631-344-4371, Facility Complex Manager 631-344-5937, ES&H 631-344-7153
- 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.

Employee/Guest Signature: _____

Date: _____

Trainer Signature: _____

Date: _____

DESIGNATED COSA TRAINERS:

M. Cotlet

D. Nykypanchuk

M. Sfeir