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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**Employee/Guest Name**

<table>
<thead>
<tr>
<th>Wai-Lin Ng / x7153</th>
</tr>
</thead>
</table>

**Life/Guest Number**

| Chuck Black |

**Email Address**

| COSA Trainer |

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**USER ADMINISTRATION:**

- ☐ Checked in at User Administration and has valid BNL ID badge
- ☐ Safety Approval Form (SAF) approved.

**Additional Training:**

- ☐ Training requirements completed (indicate additional training specified in SAF or ESR in lines provided below):

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### Selected ESRs

<table>
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<tr>
<th>Selected ESRs</th>
<th>7</th>
<th>8</th>
<th>30</th>
<th>User Admin Only Training Complete</th>
<th>Trainer/ Admin Notes</th>
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<tr>
<td>JTA No.</td>
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<tr>
<td>Room Numbers</td>
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<td>42, 43</td>
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<td>CFN Safety Module for Users NC-ESH-USERS</td>
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<td>Oxygen Deficiency Hazard TQ-ODH</td>
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<td>Cryogen Safety HP-OSH-025</td>
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<td>Electrical Safety for Benchtop Workers TQ-ELECT-BENCHTOP</td>
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<td>Corrosive Etch Solutions TQ-CORETCH</td>
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</tbody>
</table>

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**User Admin Signed:** ________________________

**Date:** __________
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
☐ Watched video
☐ Personal protection equipment: location of all the necessary PPE; requirements posted on lab doors
☐ Card Entry: Use of card to enter clean room, proper room entry (no piggybacking) – no entry to service chase by users
☐ 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: LEAVE IMMEDIATELY; DO NOT DEGOWN.
☐ 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.
☐ Loss of Exhaust: Yellow strobe with audible Alarms: secure equipment, remove gown, exit the lab.
☐ Nearest exits, route identification and walkdown
☐ Spill Containment
☐ Fire Extinguisher & Fire Alarm Pull Station locations
☐ Location of nearest telephone

LAB AND EXPERIMENTAL SAFETY:
☐ ESR read and reviewed  ☐ 7 ☐ 8 ☐ 30
☐ Demonstrate electronic waste log
☐ Only qualified for basic solvent use; anything else requires additional training.
☐ Chemical use, labeling, and storage
☐ No acid use or corrosive etching solutions (HF, piranha, et al.) without additional training/authorization
☐ 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: ☐ F. Camino ☐ M. Lu ☐ A. Stein ☐ G. Wright