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
Wai-Lin Ng / x7153

### Life/Guest Number
Kevin Yager

### Email Address

#### USER ADMINISTRATION:

- [X] Staff
- [ ] Guest
- [ ] User

#### CFN Safety Module for Users
- [ ] NC-ESH-USER

#### Cyber Security Training
- [X] GE-CYBERSEC

#### Laboratory Standard
- [X] HP-IND-220

#### Hazardous Waste Generator
- [X] HP-RCRIGEN3

#### Compressed Gas Safety
- [X] TQ-COMPGAS-1

#### Cryogenic Safety
- [X] TQ-CRYOGEN

#### Electrical Safety for Benchtop Workers
- [X] TQ-ELECT-BENCHTOP

#### Electrical Safety Program 2018 Update
- [X] TQ-ELECSAFE2018

#### Oxygen Deficiency Hazard
- [X] TQ-ODH

#### Nanotechnology in the Workplace
- [X] TQ-NC-HS2

#### General Employee Radiation Training
- [X] TQ-GERT

#### Class D Fire Extinguishers
- [X] TQ-FIRE-CLASSD

#### Inhalation and Dermal Hazards
- [X] TQ-INHALATION1

#### Corrosive Etch Solution
- [X] TQ-CORETCH

#### HF Training for 1L10
- [X] NC-HF-1L10

#### HF: Personal Contamination Procedures
- [X] TQ-HF-CONTAM

#### Static Magnetic Field
- [X] TQ-SMF

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**User Admin Signed:** ___________________________  **Date:** ____________

The Official Copy of this COSA Form is available only at www.bnl.gov/cfn.
FACILITY SAFETY:
☐ Facility Tour, including all galleys
☐ 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
  ☐ Fire Extinguisher & Fire Alarm Pull Station locations
  ☐ Eyewash/shower station
  ☐ Location of nearest telephone

LAB AND EXPERIMENTAL SAFETY:
☐ ESR read and reviewed ☐ 1 ☐ 5 ☐ 9 ☐ 10 ☐ 31 ☐ 32 ☐ 36 ☐ 41 ☐ 42
☐ SOPs read and reviewed as necessary
☐ For XRD users only: XRD training checklist completed (user added to XRD user list)
☐ Cryogens fill station and demonstrate use
☐ Chemical use, labeling, and storage
☐ Acids
☐ 1L10: HF Orientation
☐ Satellite Accumulation Area (Hazardous Waste SAA)
☐ Electrical: No work on exposed parts above 50V without Electrical Safety 1 Training and Dept. ES&H approval
☐ Static Magnetic Fields: 5 Gauss posted area. No entry to wearers of medical devices (pacemakers, electronic or ferromagnetic implants). OMC medical evaluation available.
☐ Class 3B Laser: No entry during calibration. Follow postings.
☐ 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 ☐ G. Doerk ☐ M. Liu
☐ C. Nam ☐ A. Stein ☐ G. Wright