



CFN Operations and Safety Awareness (COSA) Checklist

Escorted Lab Access

Building 735

This COSA form must be completed for Users with active proposals who will be fully escorted by CFN staff. The minimum training requirements will allow Users and Guests to observe work only; no hands-on work will be performed. Additional training will be required for using or handling chemicals, cryogenic liquids, vacuum systems or electrical equipment. The form is to be completed by CFN staff, signed and submitted to the CFN User Office. Coded access will not be granted to Users and Guests.

Employee/Guest Name_____
Life/Guest Number_____
Email Address_____
Wai-Lin Ng / x7153

ES&H Coordinator/Ext.

Facility Leader_____
COSA Trainer**USER ADMINISTRATION:**☐ Requirements indicated below have been completed.☐ PROPOSAL No. _____

ESR(s)		8	
JTA No.	NC-50	NC-61 NC-61a	
Room Number(s)			
Cyber Security Training GE-CYBERSEC	X	X	
CFN Safety Module for Users NC-ESH-Users	X	X	
Nanotechnology in the Workplace – Nano Workers TQ-NC-HS2	X	[]	
Working in the Clean Room NC-CLEANRM		X	

User Admin Signed: _____

Date: _____

FACILITY SAFETY:

- ☐ **Facility Tour, including associated galleys**
- ☐ **Personal protection equipment:** location of all the necessary PPE; requirements posted on lab doors
- ☐ Fully escorted: CFN staff (do not prop doors open)
- ☐ **After Hours Policy:** Normal working hours is 8-6, Mon. to Fri. Users and guests do not receive after-hours or weekend access 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, Facility Complex Manager 631-344-5937, ES&H 631-344-7153 (cell: 631-457-3824)
- ☐ **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 3-tone alarm will be generated by the building Emergency notification system, followed by a verbal message to evacuate out of the North exits only (front building). All must gather at the Outdoor Assembly Area near the West parking lot (curve stone wall).
- ☐ **Nearest exists, route identification and walkdown**
- ☐ **Location of Fire Extinguisher & Fire Alarm Pull Station**
- ☐ **Location of nearest (accessible) eyewash/shower**
- ☐ **Location** of nearest telephone
- ☐ **Safety:** (CFN Staff and Designated COSA Trainer): _____ Phone: _____

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: _____

I understand that as an escort for the above mentioned individual, I must accompany them at all times in the CFN lab space and am responsible for their safety and security and for the protection of CFN equipment.

Trainer Signature: _____

Date: _____