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:**  
Wai-Lin Ng / x7153

**Employer/Guest Number:**

**Email Address:**

**ES&H Coordinator/Ext.**

**Facility Manager**

**COSA Trainer**

☐ Staff  ☐ Guest  ☐ User

**STATUS CHANGE:**

☐ Laser specific training renewal  
☐ SOP Revision training  
SOP No.:  
Revision No:  
☐ New Laser Orientation training required (visits longer than two months)

☐ Training requirements reviewed and up to date

**FACILITY SAFETY:**


☐ Laser Safety Officers: N. Camillone 631-344-4412; C. Weilandics 631-344-2593;


☐ ESR read and reviewed

☐ Laser SOP Training:

☐ SOP NC-LASER-20  ☐ SOP NC-LASER-25  ☐ SOP NC-LASER-35  ☐ SOP NC-LASER-38  ☐ SOP NC-LASER-37

☐ SOP NC-LASER-41  
Revision No.:  
A change in the SOP revision number requires the completion of a COSA addendum.

☐ New Laser User Orientation *(for visits of 2 months or longer per year)* completed

☐ Laser Specific Training (expires 2 years)

☐ Interlock and laser controlled area training

☐ Identify laser output characteristics and class designations

☐ Safe practices for laser safety eyewear and viewing beams

☐ 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.

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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.

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**Employee/Guest Signature:**  
Date:

**Trainer Signature:**  
Date:

**Laser Safety Officer:**  
Date:

**User Administration:**  
Date:

**DESIGNATED COSA TRAINERS:**  
☐ M. Cotlet  ☐ M. Sfeir  ☐ M. Liu  ☐ X. Tong

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The Official Copy of this COSA Form is available only at www.bnl.gov/cfn. 

Rev. 2 – August 9, 2018