CFN Operations and Safety Awareness (COSA) Checklist

Laser Facilities

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: Wai-Lin Ng / x7153

Life/Guest Number: [ ]

Email Address: [ ]

ES&H Coordinator/Ext.: [ ]

Facility Manager: [ ]

COSA Trainer: [ ]

☐ Staff  ☐ Guest  ☐ 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):

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<tr>
<th>Selected ESRs</th>
<th>13</th>
<th>20</th>
<th>25</th>
<th>35</th>
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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 guests 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 (tested every Monday at noon):
  ☐ 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)
☐ 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:
☐ Laser Safety Officers: N. Camillone 631-344-4412; C. Weilandics 631-344-2593;
☐ ESR read and reviewed
  A change in the SOP revision number requires the completion of a COSA addendum.
☐ Laser System Specific Training (expires 2 years)
☐ Additional SOPs read and reviewed as necessary (Specify):
☐ New Laser User Orientation required (for visits of 2 months or longer per year)
☐ 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.

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  ☐ M. Liu  ☐ D. Nykypanchuk
☐ X. Tong  ☐ K. Yager