

## CFN Operations and Safety Awareness (COSA) Checklist

## **Proximal Probes Facility**

## **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 hadge

| Employee/Guest Name   | Life/Guest Number |                        | Email Address                       |                        |                |       |
|---|-------------------|------------------------|-------------------------------------|------------------------|----------------|-------|
| Wai-Lin Ng / x7153  | ı                 | Dario Stacchi          | ola                                 |                        |                |       |
| ES&H Coordinator/Ext.   | Facility Manager  |                        | COSA Trainer                        |                        |                |       |
| □Staff  | □Guest            |                        | □User                               |                        |                |       |
| R ADMINISTRATION: Checked in at User Administration and has valided from (SAF) approved.  Fraining requirements completed (indicate additional) | Ad                | dded to ESR:           | n SAF or ESR ir                     | Proposal No:           | pelow):        |       |
| Selected ESR(s)   |                   |                        | 38                                  |                        |                | Notes |
| JTA No.   | NC-15a            | NC-25                  | NC-16                               | NC-40                  | NC-44          |       |
| Instruments   | LT-STM/<br>AFM    | Park AFM/<br>Small XPS | LEEM V/<br>Multiprobe/<br>Nanoprobe | Reactor STM/<br>AP-PES | Bruker<br>FTIR |       |
| Room Numbers  | 39                | 33                     | 38                                  | 34                     | 36             |       |
| CFN Safety Module for Users<br>NC-ESH-USERS   | []                | []                     | []                                  | []                     | []             |       |
| Cyber Security Training<br>GE-CYBERSEC  | Х                 | Х                      | Х                                   | Х                      | Х              |       |
| Laboratory Standard<br>HP-IND-220   | Х                 | Х                      | Х                                   | Х                      | Х              |       |
| Hazardous Waste Generator<br>HP-RCRIGEN3  | X                 | Х                      | Х                                   | Х                      | Х              |       |
| Compressed Gas Safety<br>TQ-COMPGAS-1   | X                 | Х                      | Х                                   | Х                      | Х              |       |
| Cryogen Safety<br>HP-OSH-025  | х                 | Х                      | Х                                   | Х                      | Х              |       |
| Oxygen Deficiency Hazard<br>TQ-ODH  | Х                 | х                      | Х                                   | Х                      | Х              |       |
| Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2  | Х                 | Х                      | Х                                   | Х                      | Х              |       |
| Radiation Generating Device Training (JTA NC-55) TQ-RGD   |                   | []                     | []                                  | []                     |                |       |

| FACI  | LITYCAPPTV   |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
|       | LITY SAFETY:  Excility Tour, including all galloys   |  |  |  |  |  |  |  |
|       | 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.  |  |  |  |  |  |  |  |
|       | RGENCY PROCEDURES:   |  |  |  |  |  |  |  |
|       | Emergency phone numbers: Fire/Medical: 631-344-2222, Security: 361-344-2238, Laser Safety Officer 631-344-4371, Facility Complex Manager   |  |  |  |  |  |  |  |
|       | 631-344-5937, ES&H 631-344-7153  |  |  |  |  |  |  |  |
|       | 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:   |  |  |  |  |  |  |  |
|       | ☐ <b>Fire alarms: Evacuate</b> 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.   |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
|       | Location of nearest telephone  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
|       | AND EXPERIMENTAL SAFETY:   |  |  |  |  |  |  |  |
|       | Safety personnel: A. Boscoboinik 631-344-7272, A. Head 631-344-3245, J. Sadowski 631-344-8077, D. Stacchiola 631-344-7312, S. Tenney 631-344-3109, X. Tong 631-344-8236, P. Zahl 631-344-2968                          |  |  |  |  |  |  |  |
|       | ESR read and reviewed ☐ LT-STM/AFM ☐ Witec/Park AFM/Small XPS ☐ LEEM V/Multiprobe/Nanoprobe ☐ Reactor STM/AP-PES   |  |  |  |  |  |  |  |
|       | ☐ Bruker FTIR  |  |  |  |  |  |  |  |
|       | □ SOPs read and reviewed as necessary  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
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|       |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
| ш     | authorization for use of any equipment.  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |
| I und | erstand the procedures, operations and safety instructions given to me for this facility and that I must promptly report equipment failures, spills,   |  |  |  |  |  |  |  |
|       | f-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:   |  |  |  |  |  |  |  |
|       | <b>DESIGNATED COSA TRAINERS:</b> □ A. Boscoboinik □ A. Head □ J. Sadowski □ D. Stacchiola  |  |  |  |  |  |  |  |
|       | _ / / / / / / / / / / / / / / / / / / /  |  |  |  |  |  |  |  |
|       | ☐ S. Tenney ☐ X. Tong ☐ P. Zahl  |  |  |  |  |  |  |  |