

## CFN Operations and Safety Awareness (COSA) Checklist

## Soft-Bio Nanomaterials 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 badge access.

Employee/Guest Name	Life/Guest Number  Oleg Gang  Facility Manager  □Guest		<del>-</del>	Email Address		
Wai-Lin Ng / x7153						
ES&H Coordinator/Ext.			COSA Trainer			
□Staff			□User			
ADMINISTRATION: hecked in at User Administration and has vali	id <b>BNL ID badge</b>					
afety Approval Form (SAF) approved. raining requirements completed (indicate add	Added to ES ditional training sp		R in lines p	Proposal No.: rovided below):		
Selected ESRs	4	6	12	13	40	Not
JTA No.	NC-01a, NC-01b, NC-01e, NC-01f	NC-24a, NC-24b, NC-24c, NC-24d, NC-24f, NC-24g, NC-24h	NC-14, NC-14a	NC-19 NC-19a	NC-48 NC-48a	
Room Numbers	5, 35	2, 4, 4A, 4B, 7, 8, 13, 14, 15	1B	9	3A	
FN Safety Module for Users IC-ESH-USERS	[]	[]	[]	[]	[]	
yber Security Training E-CYBERSEC	Х	Х	Х	Х	Х	
aboratory Standard IP-IND-220	Х	Х	Х	Х	Х	
lazardous Waste Generator IP-RCRIGEN3	Х	Х	Х	[]	Х	
ompressed Gas Safety Q-COMPGAS-1	[]	[]	[]		[]	
ryogenic Safety Q-CRYOGEN		[]			[]	
anotechnology in the Workplace-Nano Workers Q-NC-HS2	Х	X	Х	Х	Х	
eneral Employee Radiation Training Q-GERT		[]	[]			
orrosive Etch Solutions Q-CORETCH		[]				
adiation Generating Device Training ( <i>JTA NC-55</i> ) Q-RGD			[]			
iosafety in Research Q-BIOSAFETY		[]				

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 at the building without authorization of Facility Leader and Operations Manager  Hazard Placard. Review hazards and instructions.	ccess to
EMERGENCY PROCEDURES:	
Emergency phone numbers: Fire/Medical: 631-344-2222, Security: 361-344-2238, Laser Safety Officer 631-344-4371, Fa	cility
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, av	vait
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 buil Emergency notification system, followed by a verbal message to evacuate out of the North exists only (front building 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:	
Safety personnel: O. Gang 631-344-3645, M. Cotlet 631-344-7778, M. Li 631-344-4349, D. Nykypanchuk 631-344-3045, 344-7032	F. Lu 631-
$\square$ ESR read and reviewed: $\square$ 4 $\square$ 6 $\square$ 12 $\square$ 13 $\square$ 40	
Room 1L01B - XRR: Qualified user checklist completed	
Awareness of biohazard postings, authorized users	
Awareness of XRR and XRD Radiation Generating Devices	
SOPs read and reviewed as necessary  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. ESR, SAF and COSA do represent authorization for use of any equipment.	ot
I understand the procedures, operations and safety instructions given to me for this facility and that I must promptly report efailures, spills, or off-normal event. I am aware that a willful violation of these procedures and requirements may result in the my access to the facility.	
Employee/Guest Signature: Date:	
Trainer Signature: Date:	
DESIGNATED COSA TRAINERS: ☐ M. Cotlet ☐ O. Gang ☐ J. Kahn ☐ M. Li ☐ F. Lu ☐ D. Nykypanchuk ☐ Y. Zhang	