



## CFN Operations and Safety Awareness (COSA) Checklist

Electronic Nanomaterials Facility

Building 734

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

Life/Guest Number

Email Address

**Wai-Lin Ng / x7153****Chang-Yong Nam**

ES&amp;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):

Selected ESRs	ISB-Liu-181
JTA No.	NC-17B NC-17C
Room Numbers	Lab 181
CFN Safety Module for Users NC-ESH-USERS	[ ]
Cyber Security Training GE-CYBERSEC	X
Laboratory Standard HP-IND-220	X
Hazardous Waste Generator HP-RCRIGEN3	X
Compressed Gas Safety TQ-COMPGAS-1	[ ]
Cryogenic Safety TQ-CRYOGEN	X
Nanotechnology in the Workplace TQ-NC-HS2	X
Static Magnetic Field TQ-SMF	X
Static Magnetic Field OMC Form OM-MEDSURV-SMF	X
ISB Building 734 Orientation PM-ISB	X

User Admin Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**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 access to the building 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, 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 (2nd floor)
  - ☐ **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 in the front parking lot.
- ☐ **Fume hood alarm**: Do not use hood if beeping; contact Safety personnel.
- ☐ **Nearest exits, route identification and walkdown**
- ☐ **Spill Containment** (kit in service galley)
- ☐ **Fire Extinguisher & Fire Alarm Pull Station** locations
- ☐ **Eyewash/shower station**
- ☐ **Location** of nearest telephone

**LAB AND EXPERIMENTAL SAFETY:**

- ☐ **Safety** personnel: M. Liu 631-344-2569, C. Linkletter 631-344-2754, S. Hannifin 631-344-4585
- ☐ **ESR** read and reviewed ☐ NC-ISB-LIU-181
- ☐ SOPs read and reviewed as necessary
- ☐ **Cryogen**s fill station and demonstrate use
- ☐ **Chemical** use, labeling, and storage
- ☐ **Satellite Accumulation Area** (Hazardous Waste SAA)
- ☐ **Electrical**: No work on exposed parts above 50V without Electrical Safety Training and Dept. ES&H approval
- ☐ **Static Magnetic Fields**: 5 Gauss posted area. No entry within marked area unless approved by Occupational Medicine Clinic (OMC). Complete SMF Questionnaire and send to OMC, Building 490.
- ☐ **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 not represent authorization for use of any equipment.

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:**

☐ Mingzhao Liu