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  
ES&H Coordinator/Ext.

**Life/Guest Number**  
Kevin Yager  
Facility Manager

**Email Address**  
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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<table>
<thead>
<tr>
<th>Selected ESRs</th>
<th>8</th>
<th>User Admin Only Training Complete</th>
<th>Notes</th>
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<tr>
<td>JTA No.</td>
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<td>Room Numbers</td>
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<td>Cryogenic Safety</td>
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<td>Corrosive Etch Solutions</td>
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<td>HF Training for the Clean Room</td>
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<td>Hydrofluoric Acid: Personal Contamination</td>
<td>TQ-HF-CONTAM</td>
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</table>

User Admin Signed:  
Date:  

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

☐ Clean room Tour: Escorted tour of clean room facilities
☐ Read and understood clean room orientation/protocols
☐ Gowning procedure: demonstrate proper clean room dress
☐ Watched video
☐ Personal protection equipment: location of all the necessary PPE; requirements posted on lab doors
☐ Card Entry: Use of card to enter clean room, proper room entry (no piggybacking) – no entry to service chase by users
☐ 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:

☐ 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: LEAVE IMMEDIATELY; DO NOT DEGWON.
  □ 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, 3-tone alarm will be generated by the building Emergency notification system, followed by a verbal message to evacuate out of the North exits 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.
☐ Loss of Exhaust: Yellow strobe with audible Alarms: secure equipment, remove gown, exit the lab.
☐ Nearest exists, route identification and walkdown
☐ Spill Containment
☐ Fire Extinguisher & Fire Alarm Pull Station locations
☐ Location of nearest telephone

LAB AND EXPERIMENTAL SAFETY:

☐ ESR read and reviewed    ☐ 8
☐ Demonstrate electronic waste log
☐ Only qualified for basic solvent use; anything else requires additional training.
☐ Chemical use, labeling, and storage
☐ No acid use or corrosive etching solutions (HF, piranha, et al.) without additional training/authorization
☐ 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 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: ☐ F. Camino  ☐ M. Lu  ☐ A. Stein  ☐ N. Tiwal  ☐ G. Wright