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.

<table>
<thead>
<tr>
<th>Employee/Guest Name</th>
<th>Life/Guest Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wai-Lin Ng / x7153</td>
<td>Chuck Black</td>
<td></td>
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</tbody>
</table>

**ES&H Coordinator/Ext.**

**Facility Manager**

**COSA Trainer**

**USER ADMINISTRATION:**

- [ ] Staff
- [ ] Guest
- [ ] User

**Checked in at User Administration and has valid BNL ID badge**

**Safety Approval Form (SAF) approved.**

**Proposal No:**

**Training** requirements completed (indicate additional training specified in SAF or ESR in lines provided below):

<table>
<thead>
<tr>
<th>Selected ESRs</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>29</th>
<th>39</th>
<th>User Admin Only Training Complete</th>
<th>Notes</th>
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<tbody>
<tr>
<td>JTA No.</td>
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<tr>
<td>Room Numbers</td>
<td>29, 30</td>
<td>24, 25</td>
<td>27, 28</td>
<td>1C</td>
<td>31</td>
<td>23</td>
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<tr>
<td>CFN Safety Module for Users NC-ESH-USERS</td>
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<td>X</td>
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<td>Laboratory Standard HP-IND-220</td>
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<td>Compressed Gas Safety TQ-COMPGAS-1</td>
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<td>Cryogenic Safety TQ-CRYOGEN</td>
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<td>Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2</td>
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<tr>
<td>Corrosive Etch Solutions TQ-CORETCH</td>
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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:
☐ 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:
  ☐ 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 exits, 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 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 29 ☐ 39
☐ SOPs read and reviewed as necessary
☐ Cryogens fill station and demonstrate use
☐ Chemical use, labeling, and storage
☐ Acids
☐ 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 ☐ S. Hwang ☐ K. Kisslinger
☐ D. Zakharov ☐ L. Zhang