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**

Wai-Lin Ng / x7153

ES&H Coordinator/Ext.

---

**Life/Guest Number**

Oleg Gang

Facility Manager

---

**Email Address**

COSA Trainer

---

**USER ADMINISTRATION:**

☐ Staff

☐ Guest

☐ User

☐ 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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<th>Selected ESRs</th>
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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:
☐ 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 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:
☐ ESR read and reviewed:
  ☐ 4
  ☐ 6
  ☐ 12
  ☐ 13
  ☐ 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 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: ________________

Trainee Signature: ____________________________ Date: ________________

DESIGNATED COSA TRAINERS: ☐ M. Cotlet ☐ O. Gang ☐ J. Kahn ☐ M. Li ☐ F. Lu ☐ D. Nykypanchuk