Center for Functional Nanomaterials
Brookhaven National Laboratory

CFN Operations and Safety Awareness (COSA) Checklist

Nanofabrication (Clean Room) Facility
Building 735

This COSA form must be completed and approved 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 literature.

Employee/Guest Name	Life/Guest Number	Department/Division
ES&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. SAF No.: _____ /Added to ESR _____

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

Select ESRs	7	8	30	User Admin Only Training Complete	Trainer/Admin Notes
JTA No.	NC-11 NC-11a	NC-11 NC-11a	NC-11 NC-11a		
Room Numbers	44, 45, 46	42, 43	42, 43		
CFN Safety Module for Users NC-ESH-USERS	X	X	X		
Cyber Security Training GE-CYBERSEC	X	X	X		
Laboratory Standard HP-IND-220	X	X	X		
Hazardous Waste HP-RCRIGEN3	X	X	X		
Compressed Gas TQ-COMPGAS-1	[ ]	[ ]	[ ]		
Cryogen Safety HP-OSH-25	[ ]	[ ]	[ ]		
Electrical Safety for Benchtop Workers TQ-ELECT-BENCHTOP	[ ]	[ ]	[ ]		
Oxygen Deficiency Hazard TQ-ODH	X	X	X		
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X	X	X		

User Admin Signed: _____ Date: _____

DESIGNATED COSA TRAINERS: ☐ F. Camino ☐ M. Lu ☐ A. Stein ☐ G. Wright

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 necessary PPE
- ☐ **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 to 6, Mon. to Fri. Users and guests do not receive after-hours or weekend access to the building without authorization of Facility Leader and ES&H Coordinator

EMERGENCY PROCEDURES

- ☐ **Emergency phone numbers:** Fire/Medical 631-344-2222, Security 631-344-2238, Facility Complex Manager 631-344-5937, ESH 631-344-3509
- ☐ **Fire alarms: LEAVE IMMEDIATELY. DO NOT DEGOWN. Evacuate** by nearest safe exit and meet at semi-circle by the recharge basin on the west side of the parking lot
- ☐ **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)
- ☐ **Test of Site Alarm** - every Monday at noon
- ☐ **In the event of a highly toxic gas release at 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 exits only (front of building). All must gather at the Outdoor Assembly Area, near the West parking lot (curved stone wall)
- ☐ **Nearest exits**, route identification and walkdown
- ☐ **Spill Containment**
- ☐ **Fire Extinguisher & Fire Alarm Pull Station** locations
- ☐ Emergency Spill Button Procedure
- ☐ **Location** of nearest telephone

LAB AND EXPERIMENTAL SAFETY

- ☐ **Safety** personnel are**: A. Stein, x3527, F. Camino x7606, M. Lu x4773**
- ☐ **ESR** read and reviewed ☐ 7 ☐ 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**
- ☐ **Electrical:** No work on exposed parts above 50V
- ☐ **Further training:** All equipment used is subject to additional training from authorized CFN Staff. ESR, SAF and COSA do not represent authorization for use of any equipment.

ADDITIONAL TRAINING/COURSE TITLE	TRAINER INITIAL	COMMENTS

I understand the operations and safety instructions given to me for this facility and that I must promptly report equipment failures, spills, or off-normal events. I am aware that a willful violation of these requirements and clean room rules may result in the loss of my access to the facility.

Employee/Guest Signature: _____ Date: _____

Trainer Signature: _____ Date: _____