ACCESS
☐ F Training requirements
Training must be valid (1) NSLS-II Safety (2) Cyber Sec (3) GSO (4) Other training per SAF (safety approval form) or lab staff.
☐ F Safety Approval Form
Use beamline SAF or lab-only SAF. Significant changes to experiment must be added (new users, equipment, materials added/removed).
☐ F Signs and Placards
Locate and discuss all posted signs and placards (Hazard Info Placard, contact info, PPE).
☐ F Lead experimenter
Lead Experimenter must ensure that safety, training, and reporting requirements are completed.
☐ F Experimental Floor
No access to the experimental floor from the lab unless authorized (GERT, TLD).

EMERGENCIES
☐ F FLOCO/Control Room
Discuss process to contact a Floor Coordinator (FLOCO, x5046) and the Control Room (x2550) for assistance.
☐ F Lab staff
Discuss process to contact Support Lab Staff for assistance and operations (emergency contact info, phones).
☐ F Emergencies
Discuss where to go and whom to contact during an emergency.
☐ F Exits
Locate routes to nearest exits.
☐ F Fire Ext/alarms
Locate fire extinguisher(s) and fire alarm pull(s).
☐ F Eye wash/ shower
Locate eye wash/shower.
☐ F Spill Station
Locate spill control station (experimental floor).

LAB EQUIPMENT
☐ F Use Authorization
User must be authorized by lab staff before using support lab space or equipment. Explain which lab equipment user is authorized to use. Locate procedures/manuals/instructions.
☐ A Vacuum Oven Sys
Show Location. Obtain authorization prior to operation.
☐ A Ultra-sonicator Sys
Show location. Obtain authorization prior to operation. Follow usage guidelines in the ESR.
☐ A Water Purification Sys
Show location and operation.

LAB USE
☐ F Follow SAF & ESR
All activity in lab must be described in SAF or ESR (experiment safety review). Review location of SAF & ESR.
☐ F Unattended experiments
Do not leave any ongoing experiments unattended unless cleared by lab CSM. If unattended experiments are allowed, clearly mark your area/experiment with name, contact info, date and brief experiment description.
☐ A Security
Keep laboratory doors closed and locked at all times.
☐ A Counter space
Be aware that this is a shared lab and do not use counter space assigne to other groups without authorization.
☐ R No food/drinks in lab
No food or drink allowed in lab.
☐ A PPE
Entering this lab requires safety glasses. For handling materials and chemicals, wear additional PPE (gloves, lab coat, etc) as defined in SAF or ESR.
☐ A PPE (Haz Mat)
For handling hazardous material, solvents, wear appropriate PPE (gloves, lab coat, etc.) defined in SAF or ESR.
☐ A CMS (Bar Code)
Manufactured chemicals require a BNL Chemical Management System (CMS) bar code.
☐ A CMS (Empty Containers)
When empty, manufactured chemicals’ barcodes should be released from the CMS database, and barcode removed from empty containers before disposal.
☐ F Labeling
Chemicals/materials not in original containers need a label with user name, material name, & date. Use NFPA label when possible.
☐ R Moving/modifying equip
Do not modify or reconfigure any equipment without first asking CSM. Do not move or rearrange lab equipment without first asking CSM. Do not borrow anything from the lab without first asking CSM.
☐ A Hotplates
Do not leave hot plates unattended when energized unless usage case is authorized by the CSM or ESR/SAF.
☐ F Solvent use
Wear safety glasses and gloves when handling solvents. Keep solvent wash bottles in secondary containers when not in use.

ESH & HAZARDS
☐ E Lifting
If lifting objects <30 lbs, keep weight close to the body (between shoulders and knees); If lifting objects >/=30 lbs, use lifting and/or mechanical aids or two person lifts.
☐ F Electrical work 50V
No work on exposed electrical components >50V without appropriate electrical training.
☐ E Electrical breaker
In case of power failure, contact the FLOCO or support lab Staff.
☐ A Beryllium
Identify location of beryllium articles or beryllium windows and process for notification in case of breakage.
☐ A LN2 authorization
Do not use LN2 in lab unless authorized and trained (HP-OSH-025). Check box when training is complete.
☐ A Cryogen use
Wear appropriate PPE when handling cryogenics.
☐ A Gas cylinder auth
Do not connect regulator, disconnect regulator, or move gas cylinder unless trained (TQ-COMPAS1) and authorized. Check box when training is complete. Wear appropriate PPE. All cylinders must be secured before removing protective cap.
☐ A Gas cylinder use
Show location and operation. Use minimum pressure and flow rate needed for use. No pressurizing of closed vessel.
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☐ A Comp Air/N2 Supplies
  Show location of taps. N2 taps must not be left open without flow control. Max N2 flow 200 SCFH.

☐ A LHe authorization
  Do not use unless LHe in lab unless authorized and trained. Check box when training is complete.

WASTES

☐ F Hazardous waste
  Do not generate hazardous wastes without talking with lab SUPPORT staff. Anyone generating Hazardous Waste must have Lab Standard (HP-IND-220) and Hazardous Waste Generator (HP-RCRIGEN3) training.

☐ F Waste Location
  Show relevant waste collection areas and discuss training requirements (sharps, razor blades, pipet tips, broken glass, hazardous waste Satellite Accumulation Area/SAA).

☐ A Sharps
  All sharps, including syringe needles, syringe barrels, microscope slides, and scalpels are treated as medical waste. Dispose of in red biohazard container.

CLOSE OUT

☐ F Housekeeping
  All equipment, glassware, chemicals, waste are cleaned up/ put away /properly disposed of.

☐ A Shut down
  Follow shutdown procedure for all lab equipment used and inform the staff lab use is complete.

Instructions to Trainer: SAF or ESR #

Instructions to User:

(1) Provide training for each checkbox to each lab user. If a check box does not apply, cross out that line. User must be listed on the SAF and/or ESR. Complete information below. Training is valid for 1 year for this lab only. (2) Send completed forms to NSLS-II Training, Building 745, immediately after all users listed on the SAF (who plan to use this lab) have been trained. Training will be entered in the user’s training history.

Ensure that your name and life number are correct. Sign below that you understand and agree to comply with the instructions provided to you in this training.

Barbour, Andi
Wilkins, Stuart

Print User Name Life # User Signature Date Trainer’s Signature ✔ Training Entered