

CFN Operations and Safety Awareness (COSA) Checklist

Electronic Nanomaterials 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

Employee/Guest Name	Life/Guest Number				Department/Division					
ES&H Coordinator/Ext.	Facility Manager				COSA Trainer					
☐ Staff USER ADMINISTRATION	☐ Guest					☐ User				
☐ Checked in at User Administration and h	as valid BNI	_ ID badg	je							
☐ Safety Approval Form (SAF) approved.	SAF	No.:		/Added	to ESR _					
☐ Training requirements completed (Indica	te additional	training s	specified i	n SAF or	ESR in li	nes provid	ed below)			
Select ESRs	1	5	9	9	10	26	27	28	Indicate if Training Complete	Trainer/Admin Notes
JTA No.	NC-01	NC-18 NC-18a	NC-14b	NC-14	NC-17	NC-23	NC-22	NC-21		
Room Numbers	31, 32	10	16, 17	16 (XRD)	35	16	3B	3A		
CFN Safety Module for Users NC-ESH-USERS	Х	Х	Х	Χ	Χ	Х	Х	Х		
Cyber Security Training SE-CYBERSEC	Х	Х	Х	Х	Χ	Х	Х	Х		
aboratory Standard HP-IND-220		Х	Х	Χ		Х	х	Х		
lazardous Waste IP-RCRIGEN3		Х	Х	Х		Х	Х	Х		
Compressed Gas CQ-COMPGAS-1		Х	Х	Х		Х	Х			
Cryogen Safety HP-OSH-25	Х		Х	Х	Х	Х	Х			
Electrical Safety for Benchtop Workers	Х	Х	Х	Χ	Х	Х	Х	Х		
Nanotechnology in the Workplace-Nano Workers	Х	Х	Х	Χ	Х	Х	Х	Х		
Dxygen Deficiency Hazard 					X					
General Employee Radiation Training Q-GERT				Х						
Cadmium Training for HAZCOM TQ-CADMIUM		[]					Х	Х		
Methylene Chloride for HAZCOM 							Х			

FACILITY SAFETY									
☐ Facility tour, including galley areas									
☐ Personal protection equipment: location of all necessary PPE; requirements posted on lab doors									
☐ Card Entry: Use of card to enter room, pro	per room entry (no pig	gybacking)							
☐ 1L35: Magnetic Field Warning: Caution!	Magnetic field >0.5 m	Γ (5 Gauss). Medical device wearers are not permitte	d entry without approval.						
After Hours Policy: Normal working hours without authorization of Facility Leader and		Users and guests do not receive after-hours or weeke	end access to the building						
EMERGENCY PROCEDURES									
☐ Emergency phone numbers: Fire/Medica	l 631-344-2222, Securi	ty 631-344-2238, Facility Complex Manager 631-344	-5937, ESH 631-344-3509						
☐ Fire alarms: Evacuate by nearest safe ex	Fire alarms: 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 as Intermittent Siren - Evacuate site immed		middle corridor) ents proceed indoors, close windows and doors, await fu	urther 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 walk	down								
☐ Spill Containment	☐ Spill Containment								
☐ Fire Extinguisher & Fire Alarm Pull Stati	on locations								
☐ Eyewash/shower station									
☐ Location of nearest telephone									
LAB AND EXPERIMENTAL SAFETY									
☐ Safety personnel are: C. Black x4397, F.	Camino x7606, R. Gru	bbs x2382, W. Han x7370, A. Stein x3527							
☐ ESR read and reviewed ☐ 1 ☐ 5	9 🗌	10 26 27 28							
☐ For XRD users only: XRD training checkl	ist completed (user add	ded to XRD user list)							
☐ SOPs read and reviewed as necessary									
☐ Cryogens fill station and demonstrate use									
☐ Chemical use, labeling, and storage									
☐ Acids									
☐ Satellite Accumulation Area									
☐ Electrical: No work on exposed parts above	e 50V without Electric	cal Safety 1 Training and Dept. ES&H approval							
Further training: All equipment used is su authorization for use of any equipment.	bject to additional traini	ng from authorized CFN Staff. ESR, SAF and COSA	do not represent						
ADDITIONAL TRAINING/COURSE TITLE	TRAINER INITIAL	COMMENTS							
I understand the operations and safety instructions give that a willful violation of these requirements and clean r		d that I must promptly report equipment failures, spills, or one loss of my access to the facility.	f-normal events. I am aware						
Employee/Guest Signature:			Date:						
Trainer Signature:			Date:						
DESIGNATED COSA TRAINERS: C. Black	☐ F. Carmino ☐	W. Han R. Grubbs C. Nam A. Stein	☐ XL. Wang						