

CFN Operations and Safety Awareness (COSA) Checklist

Soft-Bio 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.	— Fac	sility Manager			COSA	Trainer		
					000/			
☐ Staff USER ADMINISTRATION	☐ Guest				☐ User			
☐ Checked in at User Administration and has va	alid BNL ID bad g	je						
☐ Safety Approval Form (SAF) approved. SA	= No.:	/Added to ES	SR					
☐ Training requirements completed (Indicate ac	ditional training	specified in SAF or E	ESR in lines	provided belo	w):			
Select ESRs	4	6	12	13	24	25	User Admin Only Training Complete	Trainer/ Admin Notes
JTA No.	NC-01a NC-01b	NC-24a NC-24b	NC-14 NC-14a	NC-19 NC-19a	NC-30 NC-30a	NC-31 NC-31a		
Room Numbers	5, 16	2, 3A, 4, 4A, 4B, 7, 13, 14, 15	16 (XRR)	9	5	1B		
CFN Safety Module for Users NC-ESH-USERS	Х	Х	Х	Х	Х	Х		
Cyber Security Training GE-CYBERSEC	Х	Х	Х	Х	Х	Х		
aboratory Standard HP-IND-220	Х	х	Х	Х	Х	Х		
Hazardous Waste HP-RCRIGEN3	[]	Х	[]	[]	[]	Х		
Compressed Gas FQ-COMPGAS-1	[]	[]	[]			[]		
Oryogen Safety HP-OSH-25	[]	[]	[]					
Electrical Safety for Benchtop Workers	[]	[]	[]	[]	[]	[]		
General Employee Radiation Training TQ-GERT			Х					
aser Safety 「Q-LASER				Х	Х	Х		
aser Medical Surveillance DM-MEDSURV-LASER						Х		
Nanotechnology in the Workplace-Nano Workers	Х	х	Х	Х	Х	Х		

FACILITY SAFETY								
☐ Facility tour								
☐ Rooms 1, 3A, 4, 4A, 4B, 5, 13, 14, 15	i, 16 and associated se	ervice chase galleys.						
☐ Personal protection equipment: location	of all necessary PPE; re	equirements posted on lab doors						
☐ Card Entry: Use of card to enter room, pro	per room entry (no pigg	ybacking) - no entry to service chase by users without specifi	c authorization					
After Hours Policy: Normal working hour without authorization of Facility Leader and	s is 8 to 6, Mon. to Fri. U ES&H Coordinator	Isers and guests do not receive after-hours or weekend acces	s to the building					
EMERGENCY PROCEDURES								
☐ Emergency phone numbers: Fire/Medica	l 631-344-2222, Security	y 631-344-2238, Facility Complex Manager 631-344-5937, ES	SH 631-344-3509					
☐ Fire alarms: Evacuate by nearest safe ex	it and meet at semi-circl	le 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		niddle corridor) nts proceed indoors, close windows and doors, await further instr	ruction)					
☐ Test of Site Alarm - every Monday at noon								
system, followed by a verbal message to e	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 wall	down							
☐ Spill Containment								
☐ Eyewash/shower station								
☐ Fire Extinguisher & Fire Alarm Pull Stati	on locations							
☐ Location of nearest telephone								
LAB AND EXPERIMENTAL SAFETY								
☐ Safety personnel are: O. Gang x3645, M.	Cotlet x7778, D. Nykyp	anchuk x3045, W. Sherman x5024						
☐ ESR read and reviewed ☐ 4 ☐ 6	□ 12 □ 13 □	24 🗆 25						
☐ Confocal microscope - 1L09: Laser SOF	Training - SOP-NC-20	07-Laser 1						
☐ XRR - Room 1L16: XRR Qualified user ch	ecklist completed							
□ Awareness of XRR and XRD Radiation	n Generating Devices							
☐ TCSPC - Room 1L01B: Laser SOP Train	ing - SOP-NC-SBM-Las	ser 4						
☐ Completion of BES New Laser User Orien	ntation and Authorizati	on Checklist						
☐ Chemical use, labeling, and storage								
☐ Satellite Accumulation Area								
☐ Electrical: No work on exposed parts above	ve 50V without Electrica	al Safety 1 Training and Dept. ES&H approval						
Further training: All equipment used is su authorization for use of any equipment.	bject to additional trainin	ng from authorized CFN Staff. ESR, SAF and COSA do not re	present					
ADDITIONAL TRAINING/COURSE TITLE	TRAINER INITIAL	COMMENTS						
I understand the operations and safety instructions give that a willful violation of these requirements and clean i		that I must promptly report equipment failures, spills, or off-normal eposs of my access to the facility.	vents. I am aware					
Employee/Guest Signature:	,	Date:						
Trainer Signature:		Date:						
DESIGNATED COSA TRAINERS: M. Cotle	O. Gang	□ D. Nykypanchuk □ W. Sherman						