



Center for **F**unctional **N**anomaterials
Brookhaven National Laboratory

CFN Operations and Safety Awareness (COSA) Checklist

Electron Microscopy 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	16	17	18	19	29	PM85	User Admin Only Training Complete	Trainer/Admin Notes
JTA No.	NC-26	NC-27	NC-28	NC-29	NC-32	NC-32		
Room Numbers	29, 30	24, 25	27, 28	26	31	22		
CFN Safety Module for Users NC-ESH-USERS	X	X	X	X	X	X		
Cyber Security Training GE-CYBERSEC	X	X	X	X	X	X		
Laboratory Standard HP-IND-220				X	X	X		
Hazardous Waste HP-RCRIGEN3				X	X	X		
Compressed Gas TQ-COMP GAS-1		X		X	X	X		
Cryogen Safety HP-OSH-25			X	X	X	X		
Electrical Safety for Benchtop Workers TQ-ELECT-BENCHTOP				X	X	X		
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X	X	X	X	X	X		

User Admin Signed: _____

Date: _____

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, proper room entry (no piggybacking) - *no entry to service chase by users without specific authorization*
- 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: 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
- Location** of nearest telephone

LAB AND EXPERIMENTAL SAFETY

- Safety** personnel are: **E. Stach x2618, E. Sutter x7179, D. Su x5047, L. Zhang x3512**
- ESR** read and reviewed 16 17 18 19 29 PM85
- SOPs** read and reviewed as necessary
- Cryogen**s fill station and demonstrate use
- Chemical** use, labeling, and storage
- Acids**
- Satellite Accumulation Area**
- Electrical**: No work on exposed parts above 50V **without Electrical Safety 1 Training and Dept. ES&H approval**
- 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: _____

DESIGNATED COSA TRAINERS: M.G. Han K. Kisslinger E. Stach E. Sutter D. Su L. Zhang