



## CFN Operations and Safety Awareness (COSA) Checklist

Advanced Optical Methods 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	20	User Admin Only Training Complete	Trainer/Admin Notes
JTA No.	NC-13		
Room Numbers	1L01A		
CFN Safety Module for Users NC-ESH-USERS	X		
Cyber Security Training GE-CYBERSEC	X		
Laser Safety TQ-LASER	X		
Laser Medical Surveillance OM-MEDSURV-LASER	X		
Nanotechnology in the Workplace-Nano Workers TQ-NC-HS2	X		

User Admin Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### FACILITY SAFETY

- Facility tour (laser facility 1L01A)**
- Personal protection equipment:** location of all necessary PPE
- Card Entry:** Use of card to enter room, proper room entry (no piggybacking)
- 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, Laser Safety Officer 631-344-4371, Facility Complex Manager 631-344-5937, ES&H 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 (1<sup>st</sup> Floor, middle corridor)
  - Intermittent** Siren - **Evacuate site** immediately (apartment residents proceed indoors, close windows and doors, await further instruction from the Laboratory emergency forces or housing personnel)
- 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**
  - Eyewash/shower station
  - Fire Extinguisher & Fire Alarm Pull Station** locations
  - Location** of nearest telephone

## LAB AND EXPERIMENTAL SAFETY

- Safety** personnel are: **M. Sfeir 631-344-4349**
- ESR** read and reviewed
- Laser Eye Exam**
- Laser SOP Training - NC-1L01A-LASER**
- SOPs read and reviewed as necessary (Specify): \_\_\_\_\_
- Completion of **BES New Laser User Orientation & Authorization Checklist**
- Chemical** use, labeling, and storage
- Satellite Accumulation Area** (Hazardous Waste SAA)
- Electrical:** No work on exposed parts above 50V without Electrical Safety 1 Training and Dept. ES&H approval
- Further training:** All equipment use 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. Sfeir