

Check to Extend an Existing Permit

 Check to Identify Weekend Work

**Requestor Information**

 Requestor: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Company: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (1 week maximum)

**Work Sponsor**

(Name &amp; Co.): \_\_\_\_\_

**Bldg. /**
**Location:** \_\_\_\_\_

**Level / Rms:** \_\_\_\_\_

**NY CREATES Contact Information**

<b>Emergency Phone #</b> (518) 437-8600	Facilities: Pat O'Dea 281-7487 (Cell)	437-8817 (Office)	Security & Fire Systems: Erin Commerford	956-7082 (Office)	221-4345 (Cell)	ERT1: Su, M, Tu, W - 956-1287 / 729-8504	ERT2: W, Th, F, Sa - 410-8685 / 956-0505
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**Work Information**
**Work Summary:** \_\_\_\_\_

**Tools/Equip. Affected:** \_\_\_\_\_

**Systems Affected:** \_\_\_\_\_

**Duration of Work:** \_\_\_\_\_

**Possible Alarms:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Precautions:** \_\_\_\_\_

**Notifications:**

<input type="checkbox"/> Security	<input type="checkbox"/> EHS/ERT	<input type="checkbox"/> FOG	<input type="checkbox"/> WWT/JPW	<input type="checkbox"/> Air Liquide	<input type="checkbox"/> Bulk Gas
<input type="checkbox"/> Odor Producing Notice	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Ship / Rec.	<input type="checkbox"/> Roof Top Work		

**Required Attachments:**

<input type="checkbox"/> Hot Work*	<input type="checkbox"/> Confined Space Entry*	<input type="checkbox"/> Energized Elect. Work	<input type="checkbox"/> Job Hazard Analysis	<input type="checkbox"/> Scaffolding*
<input type="checkbox"/> Crane Lifts*	<input type="checkbox"/> TGMS Modification	<input type="checkbox"/> Design Review Checklist	<input type="checkbox"/> Dirty Work	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> IT Network Modification	<input type="checkbox"/> Non-Routine Hazardous Work	<input type="checkbox"/> Dig Safely NY Clearance	<input type="checkbox"/> Power-Actuated Fastener Tool*	
<input type="checkbox"/> Non-Hazardous Gas Line Break	<input type="checkbox"/> (Cleanroom) Floor Tile Removal	<input type="checkbox"/> Other		

 \* Requires ERT Approval  
 Prior to Start of Work

**Do Not Write Below This Line – FOR NY CREATES USE ONLY – Do Not Write Below This Line**
**Additional Conditions / Concerns**

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**System Owner Authorization**

Name: _____	Initials: _____	Name: _____	Initials: _____
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**Job Start Sign-On**
**Rejected:**

Facility Representative: _____	Date: _____	<input type="checkbox"/>
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Cleanroom Q.C. Representative: _____	Date: _____	<input type="checkbox"/>
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Fire Systems Representative: _____	Date: _____	<input type="checkbox"/>
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Safety Representative: _____	Date: _____	<input type="checkbox"/>
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CSR Cleanroom Representative: _____	Date: _____	<input type="checkbox"/>
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NY CREATES Cleanroom Representative(s): _____	Date: _____	<input type="checkbox"/>
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Other: _____	Date: _____	Other: _____	Date: _____
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Other: _____	Date: _____	Other: _____	Date: _____
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