

Extend an Existing Permit
 FEG Project #: _____
 FEG PM Initials: _____
 Identify Weekend Work

Requestor Information

Requestor: _____ **Cell Phone #:** _____ **Start Date:** _____ **Time:** _____
Company: _____ **End Date:** _____ **Time:** _____
(1 week maximum) (Format: 06:00 am)

Work Sponsor
 (Name & Co.): _____

Building/ Location: _____ **Level/Rms:** _____

NY CREATES Contact Information

Emergency Phone # and ERT Sub-permit Approval
 518-437-8817 (Office)
 Security &
 518-956-7082 (Office)
 (518) 437-8600
 Facilities: Joel Melino 518-588-9170 (Cell)
 Fire Systems: Erin Commerford
 518-221-4345 (Cell)

Work Information

Work Summary: _____
Tools/Equip. Affected: _____
Systems Affected: _____
Duration of Work: _____
Possible Alarms: _____
Description of Work: _____

Precautions: _____

Notifications:

(Representative to initial.)

____ EHS / ERT	____ HVAC	____ WWT / UPW / BG	____ Electrical	____ Air Liquide	____ Shipping / Receiving
<input type="checkbox"/> Odor-Producing Notice	<input type="checkbox"/> Noise-Producing Notice	<input type="checkbox"/> Waste Generation	<input type="checkbox"/> Evacuation		

Required Attachments:

* Requires ERT Approval
 Prior to Start of Work
 ** Requires EHS Approval
 Prior to Start of Work

<input type="checkbox"/> Hot Work*	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Energized Elect. Work**	<input type="checkbox"/> PPE Assessment	<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"/> Confined Space Entry*
<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		

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