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Instructions
for

Obtaining Work Authorization Permits

REVISION

Rev No.	DCN No.	Change Summary	Release Date	DCN Initiator	Document Owner
33	DCN2509	Formatting updates made to Appendix A and Appendix B. Updated contact information in Appendix C. Grammatical and formatting updates for clarity.	3-15-23	M. Kochan	Pat O'Dea

Prior revision history, if applicable, is available from the Document Control Office.

1. PURPOSE

1.1 The purpose of this document is to ensure work activities at the NY CREATES / SUNY Polytechnic Institute (SUNY Poly) Albany Nanotech facility are:

- Communicated and coordinated with all affected parties (i.e. tenants, departments, etc.);
- Communicated and coordinated with Facilities;
- Performed in accordance with NY CREATES EHS policies.

2. SCOPE

2.1 Work Authorization Permit (**CFM-00004-F1**) must be completed [when any of the following situations apply](#):

- Work activities are performed within the facility that will directly impact the facility or facility operations.
- Work activities performed outside the facility will directly impact the facility or facility operations.
- Work activities performed within the facility by a contractor, subcontractor or other non-tenant or non-NY CREATES / SUNY Poly employee.

Exceptions to this are preventive maintenance or routine work activities performed by contractors. This would include work such as waste collection, chemical delivery and facility equipment preventive maintenance [e.g., elevators, air compressors, chillers, etc.]. However, contractors are still obligated to comply with site safety and procedural requirements including but not limited to Hot Work Permits, Daily Fire Protection Permits, etc.

2.2 These work instructions apply to all NY CREATES employees, SUNY Poly employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the NY CREATES / SUNY Poly Albany facility.

2.3 These work instructions do not apply to construction activities that shall be performed outside the facility, that will not directly impact the facility or facility operations.

3. DEFINITIONS

- 3.1 **Work Activity** that requires authorization by using this process is any activity that includes the following:
- Modifications to HVAC, Plumbing, Electrical, Bulk Gas or Life Safety systems
 - Building or infrastructure reconfiguration
 - Any utility shutdown
 - Facility type equipment shutdown
 - Any utility line entry / break
 - Excessive noise, vibration or dust
 - Odor-Producing Work
 - Excavation
- 3.2 **Requestor:** The person performing the work listed on the permit. Phone number listed on the permit must be a cell phone number, or number where Requestor can be reached, not an office number.
- 3.3 **Company:** The company or group performing the work. This should list the subcontractor and contractor, if necessary (e.g., ABC Contractors, Inc. for XYZ Construction Management, Inc.)
- 3.4 **Work Sponsor:** The person the work is being performed for – firm and name to be listed on the permit. This person must be a NY CREATES / SUNY Poly employee or tenant employee.
- 3.5 **Bldg. / Location:** The building name, where work will be performed.
- 3.6 **Level / Rms.:** The level and all room numbers where work will be performed.
- 3.7 **System Owner Authorization:** Required by signature of the System Owner whenever a new system is installed in an existing facility, or an existing system is expanded or modified.
- 3.8 **Notifications:** The Permit Requestor and/or Work Sponsor shall be responsible to make notifications to coordinate and communicate the work with the affected parties. This may include but not be limited to: those listed in the “Notifications” section of the permit, or others listed in “Additional Conditions / Concerns” section.

- 3.9 **Rooftop Work:** Requires workers to check-in at the Security Desk in NanoFab East (NFE), prior to accessing a roof. Security will record the worker's cell phone number(s) to facilitate notification to evacuate in the event of an emergency.
- 3.10 **Urgent Situation:** A situation requiring immediate action or attention. Including but not limited to: utility outages, work to restore equipment redundancy, cleanroom 'tool down' situations.

4. RESPONSIBILITIES

- 4.1 Compliance with this procedure is the responsibility of the tenant or NY CREATES / SUNY Poly employee responsible for the Work Activity.
- 4.2 All approval signature parties should be available to sign the Work Authorization Permits daily. In the event that such parties are unavailable they must designate a back-up signature party to sign such permits in their absence.

5. PROCEDURE

- 5.1 The permit form shall not be modified (e.g., addition of contractor logo, etc.).
- 5.2 A Work Authorization Permit shall be completed and submitted three (3) business days prior to scheduled start of the work. This is to allow sufficient time to determine potential impacts of work activities and coordinate them with the appropriate parties.
- 5.3 Permits may not be submitted the same day as the start of the work. Exceptions to this will be made on a case by case basis for urgent situations.
- 5.4 A permit for work that is considered necessary, due to an urgent situation, will be processed the same day the permit is submitted in order to expedite the work. Expediting permits in this manner will be done at the discretion of the permit signatories, and shall not diminish the requestor's responsibility to schedule and coordinate work activities. This includes applicable sub-permits (i.e., daily fire protection permits), to prevent impact to facility operations and adherence to safety protocols.
- 5.5 In addition to a Work Authorization Permit, the requestor shall attach all applicable sub-permits and/or a JHA (Job Safety / Hazard Analysis) depending on the type of work being performed. See **Appendix A – Work Authorization Permit System Flow Chart** for details on this process

- 5.6 The requestor shall submit the permit for review at the daily permit meeting and obtain the necessary signatures. The daily meeting is currently held in CESTM, Rm. CR-1 from 8:30am to 9:00am, Monday through Friday. Permits can also be dropped off in the 'drop box' mounted to the wall outside CR-1.
- 5.7 **Required Attachments:** The following sub-permit and approval forms shall be attached to the Work Authorization Permit form, if the Work Activity involves any tasks described below.
- NOTE: Applicable sections of all permits and forms must be completed at the time of submission.
- 5.7.1 Hot Work Permit: Submit **EHS-00029-F1: Daily Hot Work Permit** form if the Work Activity includes the need to perform any welding, cutting, blasting, brazing or soldering.
- 5.7.2 Fire Protection System Daily Permit: Submit **CFM-00005-F1: Fire Protection System Daily Permit** anytime work activities within the facility have the potential to affect the fire alarm system and its components; this includes testing, modification and maintenance of the fire system. In addition, submit this form when any work activities carried out indoors or outdoors (alleys, rooftops, near air intakes, etc.) will affect the fire protection systems with hot work, dust generation, smoke generation, etc.
- 5.7.3 SUNY Poly Confined Space Entry Permit: Submit **EHS-00007-F1: SUNY Poly Confined Space Entry Permit** if the Work Activity involves entry into a permit-required confined space (refer to Section 3.0 of **EHS-00007** Confined Space Entry Procedure for clarification).
- 5.7.4 CNSE Crane Work Permit: Submit **EHS-00040-F1: CNSE Crane Work Permit** if the Work Activity involves use of a crane on site.
- 5.7.5 CNSE Power-Actuated Fastener Tool Permit: Submit **EHS-00065-F1: CNSE Power-Actuated Fastener Tool Permit** if the Work Activity involves use of these tools on site.
- 5.7.6 CNSE Scaffolding Permit: Submit **EHS-00074-F1: CNSE Scaffolding Permit** if any kind of scaffolding will be erected, altered, or dismantled on site.
- 5.7.7 Energized Electrical Safety Permit: Submit **EHS-00054-F1: Energized Electrical Safety Permit** if the Work Activity involves the need to perform work on live / energized electrical equipment (refer to Section 9.0 of **EHS-000054** Electrical Safety Program Procedure for clarification).

- 5.7.8 Floor Tile Removal Approval Form: Submit **EHS-00031-F1: Floor Tile Removal Approval Form** if the Work Activity involves the need to remove a floor tile in the NFN or NFSX cleanrooms.
- 5.7.9 Design Review Checklist: Submit **EHS-00038-F1: Design Review Checklist** if the Work Activity involves the need to alter or modify any exits or means of egress, or any changes or modifications to life safety, HVAC, utility or plumbing devices.
- 5.7.10 Dirty Work Permit Application: Submit **CFM-01005-F1: Dirty Work Permit Application** if the Work Activity might involve the need to create any additional particulates in any of the cleanroom environments.
- 5.7.11 Non-Routine Hazardous Work Permit: Submit **EHS-00062-F1: Non-Routine Hazardous Work Permit** to perform a non-routine task, experiment or unplanned maintenance that involves Hazardous Production Materials (HPMs).
- 5.7.12 TGMS Modification Sub-Permit: Submit **CFM-00008-F1 TGMS Modification Sub-Permit** if the work activity involves modification of an existing certified and operational TGMS system, or system component.
- 5.7.13 IT Network Modification: Submit a CNSE IT Help Desk Ticket if the work activity involves modification (moves, adds, changes and configuration changes) to the existing IT network. In turn, CNSE IT will create a SUNY Helpdesk ticket so the System Owner (SUNY IT) can make the requested changes. CNSE Helpdesk tickets can be obtained by emailing cnsehelp@sunypoly.edu. For planning purposes, please allow ten (10) business days for CNSE/SUNY IT to schedule and complete work requests.
- 5.7.14 Non-Hazardous Gas Line Break Sub-Permit: Submit **CFM-00011-F1: Non-Hazardous Gas Line Break Sub-Permit** when work activities within the facility require breaking any of the “identified” (see **CFM-00011**) non-hazardous gas connections on existing lines.

5.7.15 Other: If necessary, other submissions or back-up documentation that must be attached to the Work Authorization Permit include:

- Approved S.U.N.Y. Building Permits: Required for modifications made to the building or its associated infrastructure (for details reference: **CFM-00004A External Appendix A: 2017 SUNY Poly Construction Permit Request.**)
- Approved “Red-Lined” Piping and Instrumentation Drawings (P&IDs): Required for utility changes or tool modifications.
- Work Plans: Required to explain activities that are not normally performed on site.
- Dig-Safely Clearance: Required when excavations shall be performed on site, to demonstrate that the area has been cleared to perform the excavation.
- Odor Notification Signs: Shall be posted in areas affected by odors produced, or expected to be affected from work being performed. Notices shall be posted in accordance with **EHS-00073: Standard Operating Procedure for Odor Producing Notification**, using the **EHS-00073-T1: Odor Notification Sign Template**.

5.8 Hazard Assessment (HA)

If any of the above work tasks that require completion of a Work Authorization Permit require additional Personal Protective Equipment (PPE) beyond the use of a hard hat, safety glasses, and/or leather gloves, a Hazard Assessment (HA) and PPE Selection Form (**EHS-00010-F1**) must be completed and attached to the Work Authorization Permit.

5.9 All sub-permits or work activities that require additional sign-off and support from NY CREATES / SUNY Poly departments must be scheduled with the affected NY CREATES / SUNY Poly employee three days prior to the event. The NY CREATES / SUNY Poly employee who has agreed to support this activity must also sign off on the Work Authorization Permit to confirm their availability. The NY CREATES EHS department does not support work performed on Friday nights or over weekends.

NOTE: Permit meetings will not take place during Research Foundation holidays.

- 5.10 Two (2) copies of the Work Authorization Permit (WAP) form shall be submitted along with two (2) copies of all sub-permits and two (2) copies of all attachments. WAP's containing all necessary approval signatures shall be stamped 'approved'. One (1) approved permit shall be returned to the requestor and one (1) approved permit shall be kept by the Facilities Operations Group for record.
- 5.11 Approved permits shall be returned to the requestor after approval. If the requestor is not present, they will be placed on the bottom shelf of the drop box located outside CESTM, Rm. CR-1 for pick up in the future. Requestor is responsible for picking up their copy of the approved permits.
- 5.12 Requestors are required to promptly retrieve Work Permits so they can:
- a) confirm they have been approved and work can proceed, and
 - b) be made aware of any additional conditions or concern' that may be required as part of the work.
- 5.13 The requestor shall have a copy of the approved permit and sub-permit available for review upon request by NY CREATES / SUNY Poly representatives (e.g., EHS, FOG, etc.) at the work site location.
- 5.14 The following sub-permit forms must be completed by the requestor and approved by the Emergency Response Team (ERT) staff prior to the start of work:
- 1) Confined Space Entry
 - 2) Crane Lifts
 - 3) Hot Work
 - 4) Power-Actuated Fastener Tool
 - 5) Scaffolding

5.15 ERT (Emergency Response Team) Work Schedule:**Day 1:**

Sunday, Monday, Tuesday and every other Wednesday – 7:00am –7:30pm.

Day 2:

Thursday, Friday, Saturday and every other Wednesday –7:00am-7:30pm.

Night 1:

Sunday, Monday, Tuesday and every other Saturday – 7:00pm -7:30am.

Night 2:

Wednesday, Thursday, Friday, and every other Saturday - 7:00pm -7:30am.

5.16 A Work Authorization Permit Instructional Form is provided for reference in **Appendix B**.

5.17 A Work Authorization Sign-Off Matrix is provided for reference in **Appendix C**. This lists the names of those who can sign off for various areas of responsibility. 4.14 Work Authorization Permits (WAPs) shall be in effect for a one (1) week period. For work lasting more than one (1) week, WAPs must be resubmitted as an extension to an existing permit and re-approved. The WAP form shall be modified to accurately reflect the ongoing work (change in scope, dates, etc.), the checkbox in the upper left-hand corner of the form checked (“Check to Extend an Existing Permit”) and the form submitted for approval.

5.18 Security shall review work permit activities to ensure they are coordinated with the Facility’s Events calendar. Work considered to impact or interfere with events may not be approved and will need to be rescheduled.

6 RECORDS

6.1 Completed Work Authorization Permits shall be kept on file (hard copies) by the Facilities Department for 6 months.

7 VIOLATION

7.1 If any employee, tenant employee, contractor or sub-contractor chooses to disregard or violate any of the instructions provided in this procedure, such parties must submit in writing the reason for violating this protocol, and have such reasoning approved by all signature parties.

- 7.2 If any employee, tenant employee, contractor or sub-contractor violates this protocol three or more times, their badges will be revoked and they must re-apply for badge access to the site.

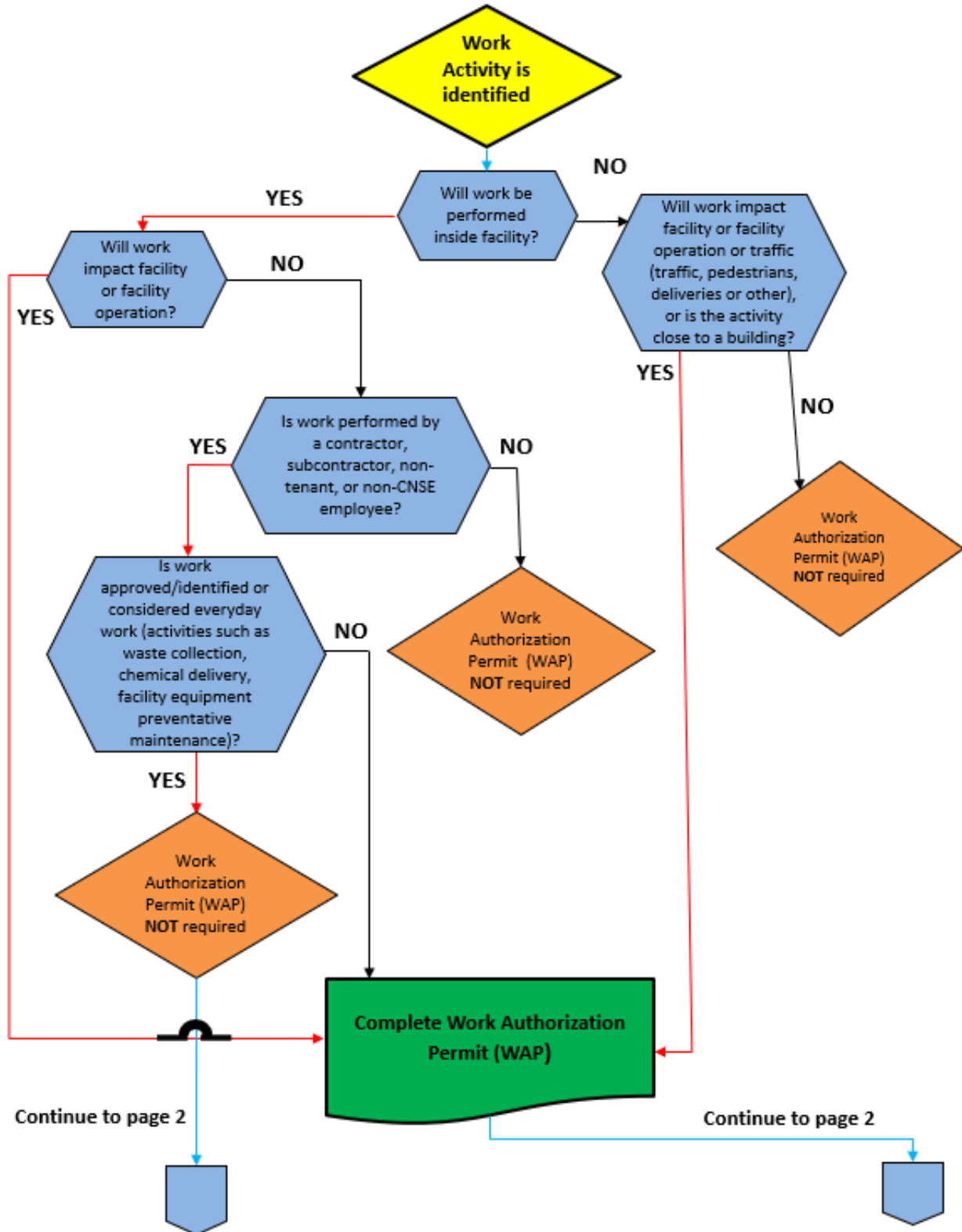
8 APPENDIX

- 8.1 **Appendix A** – Work Authorization Permit System Flow Chart
- 8.2 **Appendix B** – Work Authorization Permit Sample
- 8.3 **Appendix C** - Work Authorization Permit Sign-Off Matrix

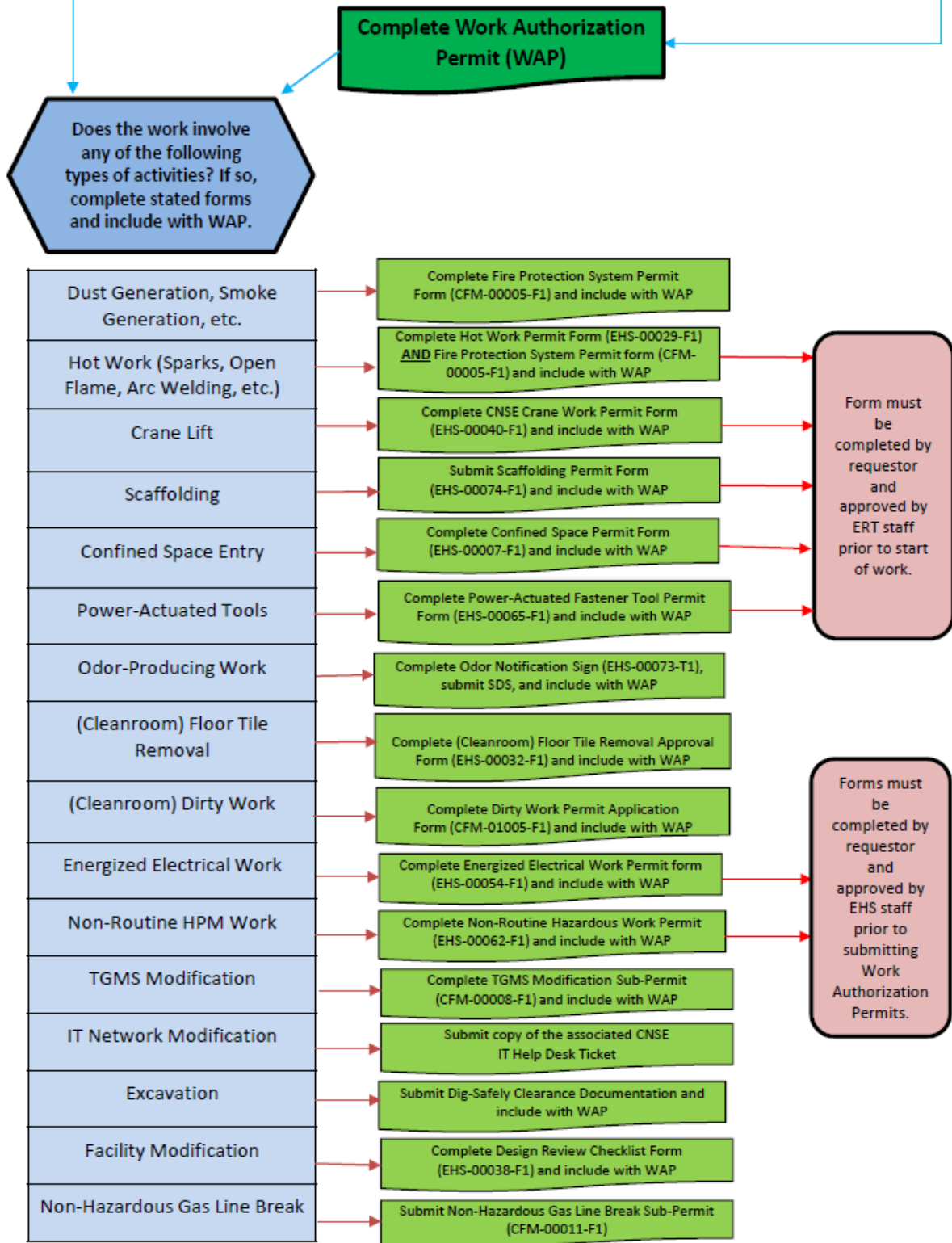
9 ASSOCIATED DOCUMENTS

- 9.1 **CFM-00004A External Appendix A** – 2017 SUNY Poly Construction Permit Request
- 9.2 **CFM-00004A-F1** – SUNY Poly Construction Permit Application

Appendix A – Work Authorization Permit System Flow Chart (Page 1 of 3)

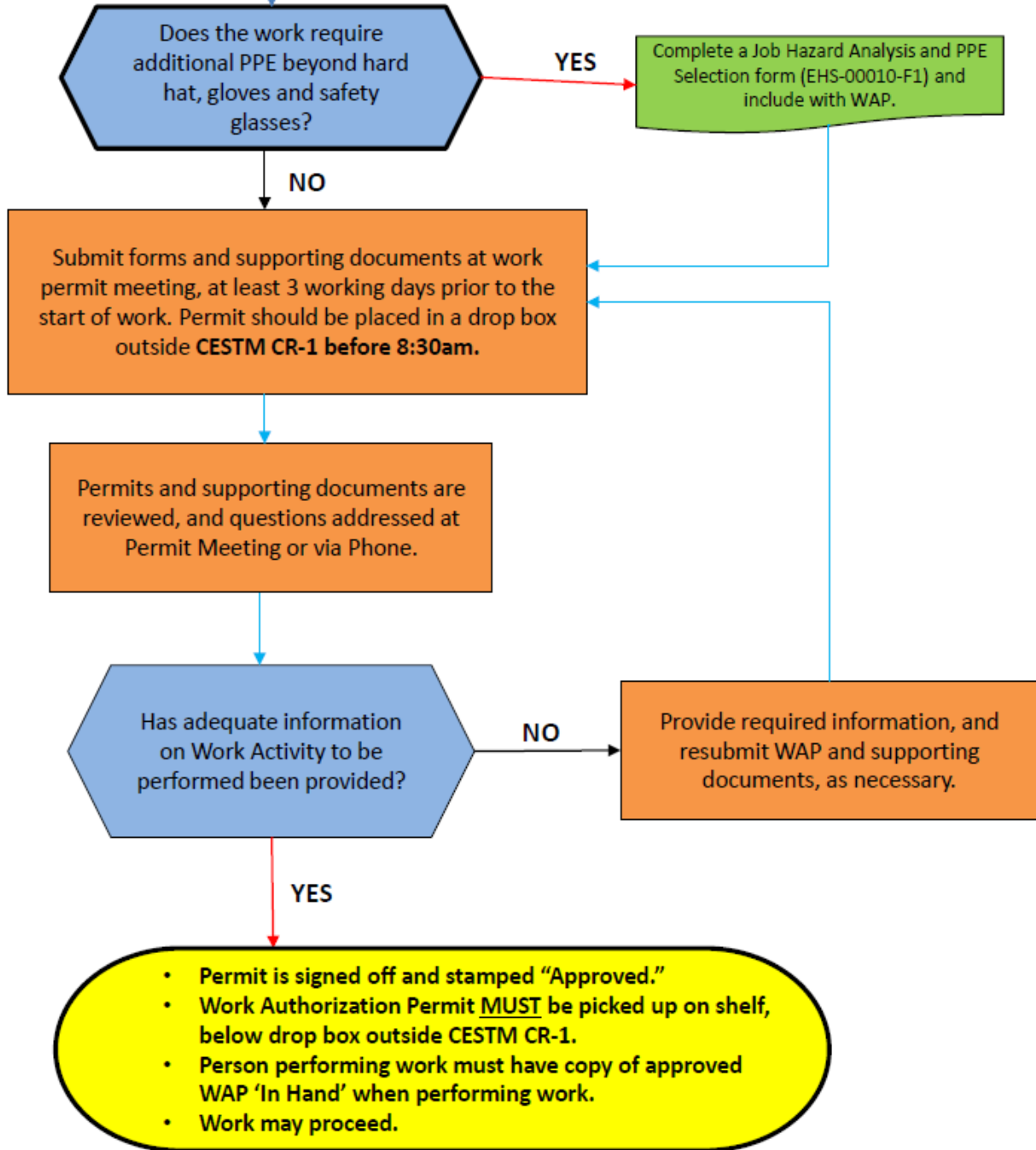


Page 2 of 3 – Work Authorization Permit (WAP) System Flow Chart



Continue to page 3

Page 3 of 3 – Work Authorization Permit System Flow Chart



Appendix B – Work Authorization Permit Sample
 (See CFM-00004-F1 for Actual Blank Work Authorization Permit)

	WORK AUTHORIZATION PERMIT	Form Number/Rev # CFM-00004-F1 R24
<input type="checkbox"/> Check to Extend an Existing Permit		<input type="checkbox"/> Check to Identify Weekend Work
Requestor Information		
Requestor: <u>Person on site performing the work</u>	Cell Phone #: <u>Requestor's cell #</u>	Start Date: _____ Time: _____
Company: <u>Company/group performing work (i.e. subcontractors, not contractors)</u>	End Date: _____ Time: _____	(1 week maximum)
Work Sponsor (Name & Co.): <u>Who work is being performed for, firm & name. MUST BE CNSE or TENANT employee</u>	Bldg. / Location: <u>Bldg. Name</u>	Level / Rms: <u>Level & ALL Rm #'s or Areas</u>
NY CREATES Contact Information		
Emergency Phone # (518) 437-8800	437-3317 (Office) Facilities: Pat O'Dea 281-7487 (Cell)	Security & Fire Systems: Erin Commerford 868-7032 (Office) 221-4346 (Cell)
		ERT1: Su, M, Tu, W — 358-1287 / 728-8504 ERT2: W, Th, F, Sa — 410-3886 / 410-1668
Work Information		
Work Summary:	<u>One sentence description of work to be performed.</u>	
Tools/Equip. Affected:	<u>Cleanroom tools and/or equipment affected by the work.</u>	
Systems Affected:	<u>System affected by the work.</u>	
Duration of Work:	<u>Anticipated duration of the work (e.g. 4 hours)</u>	
Possible Alarms:	<u>Alarms that will be or could be affected.</u>	
Description of Work:	<u>Description of what the work will entail.</u>	
Precautions:	<u>Precautions taken to prevent impact to people, equipment, facilities, & systems.</u>	
Notifications:	<input type="checkbox"/> Security <input type="checkbox"/> EHS/ERT <input type="checkbox"/> FOG <input type="checkbox"/> WWT/UPW <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"/> 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"/> Fire Protection <input type="checkbox"/> IT Network Modification <input type="checkbox"/> Non-Routine Hazardous Work** <input type="checkbox"/> Dig Safety 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	<u>Additional directions, required sub-permits, approvals, etc.</u>	
System Owner Authorization	Name: _____ Initials: _____	Name: _____ Initials: _____
Job Start Sign-On		
Facility Representative:	<u>See Work Authorization Permit Sign Off Matrix</u>	Date: _____ <input type="checkbox"/>
Fire Systems Representative:	<u>See Work Authorization Permit Sign Off Matrix</u>	Date: _____ <input type="checkbox"/>
Safety Representative:	<u>See Work Authorization Permit Sign Off Matrix</u>	Date: _____ <input type="checkbox"/>
CSR Cleanroom Representative:	<u>See Work Authorization Permit Sign Off Matrix</u>	Date: _____ <input type="checkbox"/>
NY CREATES Cleanroom Representative(s):	<u>See Work Authorization Permit Sign Off Matrix</u>	Date: _____ <input type="checkbox"/>
Other:	Date: _____	Other: Date: _____
Other:	Date: _____	Other: Date: _____

Work Authorization Permit Sign Off Matrix

Revised 2/24/2023

Area of Responsibility	Primary	Contact #	Secondary	Contact #	Tertiary	Contact #
NY CREATES Facility Representative	Pat O'Dea	518-281-7487	Tom Moseman	518-320-4620	Gary Funck	518-588-7026
NY CREATES Fire Systems Representative	Erin Commerford	518-221-4345	Joe Kosakowski	518-491-5445	Harold Burns	518-701-8174
NY CREATES Safety Representative	Glenn Matteson	518-225-9241	Priscilla LaFountain	518-728-3241	Darren Brookhart	518-364-4345
CSR Cleanroom Representative	Bob Young	518-813-6785	Jeff Dittmar	518-364-2376	Nick Granuzzo	845-380-0651
NY CREATES Cleanroom Representative	Justin Metzger	518-320-5965	Dustin Murphy	518-795-7326	Ray Michael	518-320-7946
A-L (Air Liquide) Representative	John DeRusso	518-860-0426	Jeff King	518-605-4806	Bob Kaelen	518-605-1102
TEL (Tokyo Electron) Representative	John Houlihan	518-817-7211	Don Kinsey	518-435-5445	Jimmy Godlewski	518-424-2625
LAM Representative	Stefano Gazzelli	407-758-0187	Steve Ellinger	802-233-0645	n/a	n/a
PEMC Representative	Mike Harding	518-588-2649	Steve Shaw	518-925-9454	Andrew Peters	518-925-8979
AIM Photonics Representative	Mike Harding	518-588-2649	Steve Shaw	518-925-9454	Andrew Peters	518-925-8979
NY CREATES IT Representative	Ralph Gartner	518-852-2398	n/a	n/a	n/a	n/a
AMAT Representative	Brian Clayton	518-469-3208	Mark Easton	518-915-5200	Lee Wishart	518-742-6921

NOTE: Individual 'system owner' signature may be required as well.

See [FEI-00003 – Facilities Resource Responsibility Matrix for Facilities System Owners](#) for system owners.