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Instructions  
for

**Obtaining Work Authorization Permits**

REVISION

Rev No.	DCN No.	Change Summary	Release Date	DCN Initiator	Document Owner
35	DCN3004	Updating for branding and minor changes	10-23-23	P. LaFountain	J. Melino

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 Albany NanoTech Complex (ANC) are:
- Communicated and coordinated with all affected parties (i.e., tenants, departments, etc.)
  - Communicated and coordinated with Facilities,
  - Performed in accordance with NY CREATES Environmental, Health and Safety (EHS) policies.

## 2. SCOPE

- 2.1 Work Authorization Permit (WAP) (**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 and projects related to facility modification or utility or for a Facilities Engineering Group (FEG) led project must include a set of FEG Project Manager Initials and a FEG Project number.
- Work activities related to tool install must include reference to a Tool HEX ID.
- Work activities related to Facilities Operations Group (FOG) Preventative Maintenance (PM) should indicate they are a PM.

Exceptions to this are 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 hazard assessments (PPE assessments), Hot Work Permits, Daily Fire Protection Permits, etc.

- 2.2 These work instructions apply to all employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the ANC.

- 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.
- 2.4 If a work activity occurs such that it requires building occupants to be evacuated or displaced during the work or if the work severely impacts the daily processes of those in that area, every effort should be made to schedule the work during off-hours (after 5 pm or before 7 am) or on weekends.

### 3. DEFINITIONS

- 3.1 **Work Activity** that requires authorization by using this process is any activity that includes the following:
- Modifications to or work on HVAC, Plumbing, Electrical, Bulk Gas or Life Safety, or scrubber systems
  - Building or infrastructure reconfiguration / renovation
  - 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.  
**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.)
- 3.3 **Work Sponsor:** The person or group the work is being performed for – firm and name to be listed on the permit. This person must be a NY CREATES employee or tenant employee.
- 3.4 **Personal Protective Equipment (PPE) Assessment** – a document that identifies the PPE required in a task or process by defining the hazards and risks associated. For more information, see **EHS-000010 – Workplace Hazard Assessment and Personal Protective Equipment Selection Form**.
- 3.5 **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.

- 3.6 **Notifications:** Notifications and communications associated with the work taking place that include or should include all affected areas, tenants, parties and employees. 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.
- 3.7 **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.
- 3.8 **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 party responsible for the Work Activity.
- 4.2 All Work Sponsors and Requestors must ensure proper timing for submittal of permits to allow for potential impacts, notifications and coordinating with impacted parties prior to submittals. This includes any potential required Site communications.
- 4.3 Work Sponsors must obtain a FEG Project Number and initials from the assigned FEG Project Manager [for any work related to a facility modification, facility utility or FEG project](#) prior to submitting WAPs for approval.
- 4.4 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 the 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 WAP, the requestor shall attach all applicable sub-permits and/or a PPE Assessment or equivalent (Hazard Assessment) depending on the type of work being performed. See **Appendix A – Work Authorization Permit System Flow Chart** for details on this process.
- If the permit being completed is an extension to an existing permit, the top box should be checked.
  - If the permit being completed is related to a facility modification or FEG project, the FEG Project number must be inserted and the applicable FEG PM must initial the permit manually (pen and ink) prior to submission.
  - If the work is occurring over a weekend, the “Weekend Work” box must be checked.
- 5.6 **Requester Information:** This section of the WAP should be completed by the work performing the actual work. It should list contacts of the people performing the work who will be on-site, and not reference those holding an office position as representative.
- The start / end dates should include any potential duration that the work will be completed during. For example, if there is the potential for the work to happen within 3 days of a 5-day period, that should list all 5 days with specific details listed in the summary.
  - Phone number listed on the permit must be a cell phone number, or number where Requestor can be reached, not an office number.
  - Work Sponsor: list the contact name and company that the work is being completed for.
  - Building Location: include the building in which the work is being performed at and the specific rooms, floors, etc.

5.7 **Work Information:** This section of the form should be complete with detailed information about the work.

- **Work Summary:** Describe in one sentence an overview of the work. This should be specific enough to determine what is being done and completed, not just one or two words.
- **Tools / Equip. Affected:** Describe any of the tools or adjacent equipment that would be affected by the work. If more space is required, attach a list.
- **Systems Affected:** List utilities or systems impacted by the work.
- **Duration of the work:** Describe the length of time the work will take place.
- **Possible Alarms:** Describe any alarm systems which could be affected, such as TGMS and/or fire systems.
- **Description of Work:** Thoroughly describe the work and tasks at hand. This should not be a duplicate of the work summary above; It shall contain more details on what the work includes and some of the processes.
- **Precautions:** List any precautions the Requestor shall take or be aware of regarding the work.

5.8 **Notifications:** The boxes should be checked for awareness level to each of the types of notifications applicable to the work.

Notifications shall take place in two (2) phases, the initial notification several days in advance of the work and the second notification near the time of the work.

- Noise (Sound) producing work, ensure that all occupants of the building and potential adjacent buildings are aware of the work. Prior to the work, schedule a site-wide communication to the occupants of the impacted areas. Ensure the box is checked on the WAP.
- For odor producing work, ensure that all occupants of the building and potential adjacent buildings are aware of the work. For full details refer to EHS-00073 Odor Notification Procedure. If possible, prior to the work aside from submitting notifications in WAP, schedule a site-wide communication to potentially impact parties.

- For waste generation, contact EHS if not general trash or routine waste. For types of waste refer to EHS-0009 Hazardous Waste Management or contact EHS directly [sunypolyehs@sunypoly.edu](mailto:sunypolyehs@sunypoly.edu)

5.9 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.

#### 5.10 **Required Attachments**

The following sub-permit and approval forms shall be attached to the WAP 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.

- 5.10.1 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.
- 5.10.2 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.
- 5.10.3 Confined Space Entry Permit: Submit **EHS-00007-F1 – 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).
- 5.10.4 Crane Work Permit: Submit **EHS-00040-F1 – Crane Work Permit** if the Work Activity involves use of a crane on site.
- 5.10.5 Power-Actuated Fastener Tool Permit: Submit **EHS-00065-F1 – Power-Actuated Fastener Tool Permit** if the Work Activity involves use of these tools on site.
- 5.10.6 Scaffolding Permit: Submit **EHS-00074-F1 – Scaffolding Permit** if any kind of scaffolding will be erected, altered, or dismantled on site. One permit needs to be submitted for each week that the scaffold is erect.

- 5.10.7 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).
- 5.10.8 PPE Assessment: If any of the above work tasks that require completion of a WAP 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.
- 5.10.9 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.
- 5.10.10 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. See **FEI-00025 – SOP for Facility Modifications Procedure** for more information.
- 5.10.11 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.
- 5.10.12 Non-Routine Hazardous Work Permit: Submit **EHS-00062F1 – Non-Routine Hazardous Work Permit** to perform a non-routine task, experiment or unplanned maintenance that involves Hazardous Process Materials (HPMs).
- 5.10.13 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.
- 5.10.14 IT Network Modification: Submit an IT Help Desk Ticket if the work activity involves modification (moves, adds, changes and configuration changes) to the existing IT network. In turn, IT will create a Helpdesk ticket so the System Owner can make the requested changes. Helpdesk tickets can be obtained by emailing [csehhelp@sunypoly.edu](mailto:csehhelp@sunypoly.edu).
- 5.10.15 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.



- 5.10.16 Other: If necessary, other submissions or back-up documentation that must be attached to the Work Authorization Permit include:
- Approved Building Permits: Required for modifications made to the building or its associated infrastructure (for details, reference: **FEI-00025-F3 – Construction Permit Application. 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.
- 5.11 Odor Notification Signs: Shall be posted in areas affected by odors produced or expected to be affected by 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**.
- 5.12 All sub-permits or work activities that require additional sign-off and support from affected departments must be scheduled with the affected employee three days prior to the event. The employee who has agreed to support this activity must also sign off on the Work Authorization Permit to confirm their availability. The EHS department does not support work performed on Friday nights or over weekends unless planned in advance.
- NOTE**: Permit meetings will not take place during most Federal holidays.
- 5.13 Two (2) copies of the WAP form shall be submitted along with two (2) copies of all sub-permits and two (2) copies of all attachments. WAPs 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 (FOG) for record.
- 5.14 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. The requestor is responsible for picking up their copy of the approved permits.

- 5.15 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.
- 5.16 The requestor shall have a copy of the approved permit and sub-permit available for review upon request by NY CREATES representatives (e.g., EHS, FOG, etc.) at the work site location.
- 5.17 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

**To obtain this approval, ERT must be contacted by calling Security at 518-437-8600.**

- 5.18 A Work Authorization Permit Instructional Form is provided for reference in Appendix B.
- 5.19 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 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.
- 5.20 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.

## **5 RECORDS**

- 6.1 Completed WAPs 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.

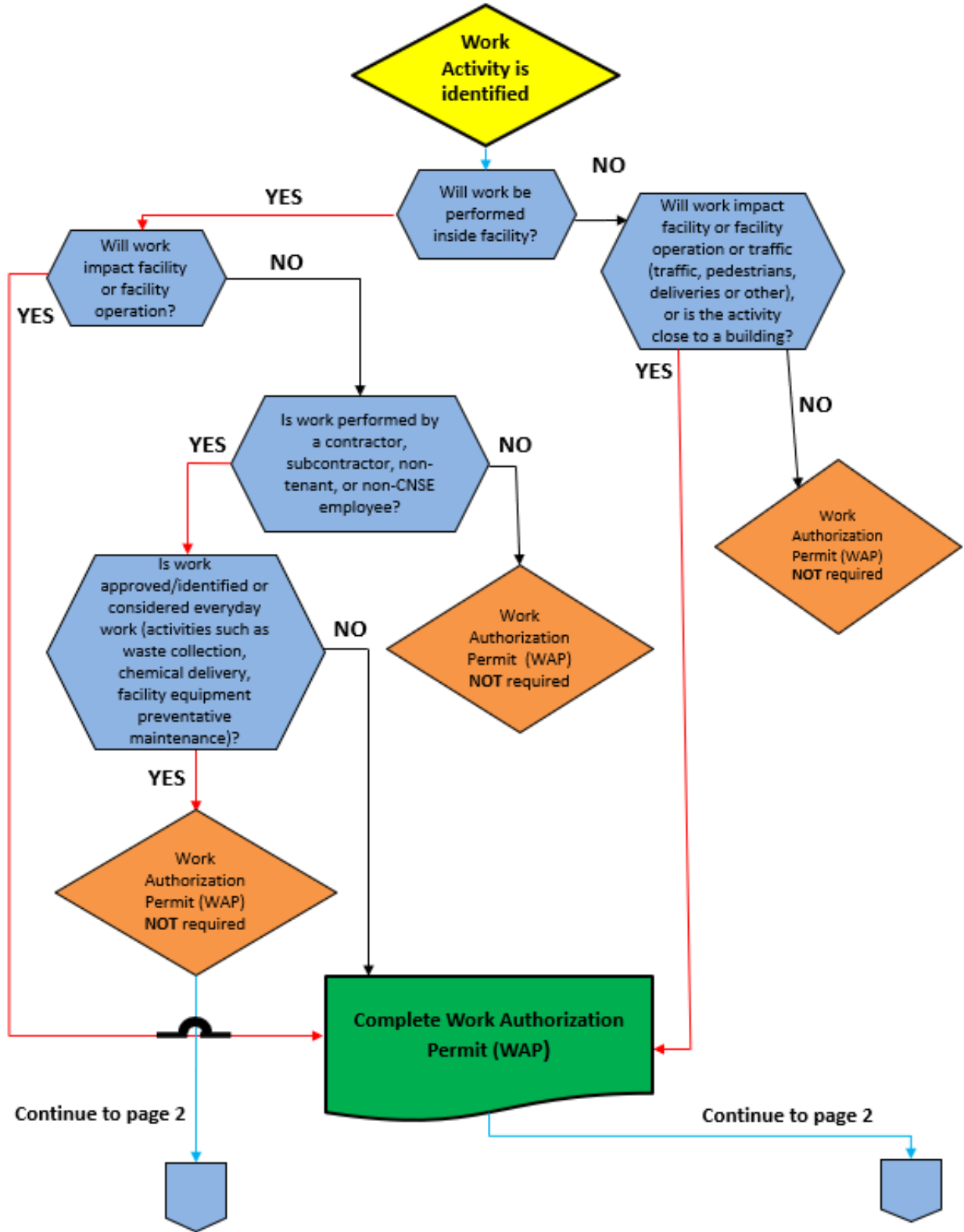
## **8 APPENDIX**

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

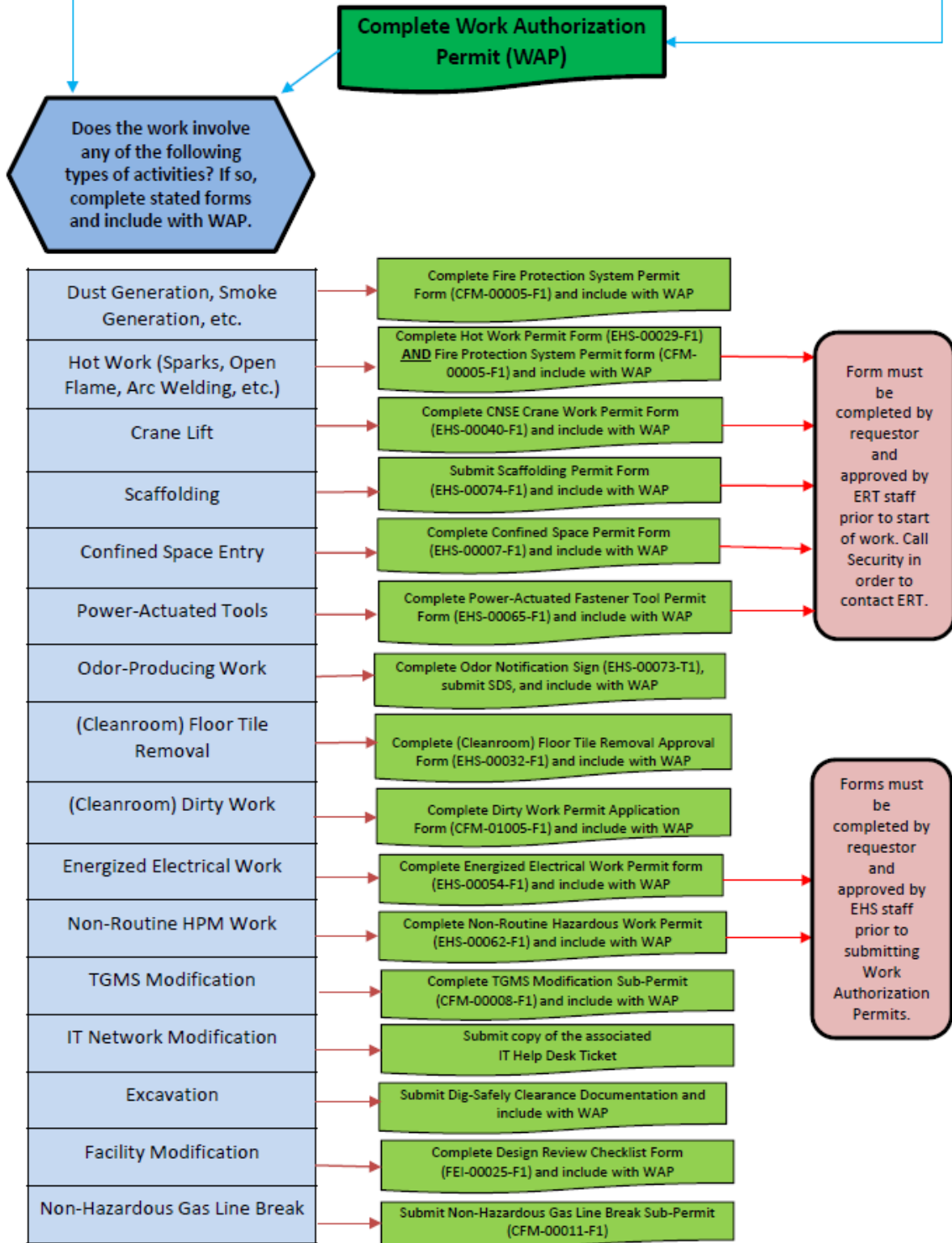
## **9 ASSOCIATED DOCUMENTS**

- 9.1 **FEI-00025** – SOP for Facility Modifications Procedure
- 9.2 **FEI-00025-F1** – Design Review Checklist
- 9.3 **FEI-00025-F2** – Final Inspection Checklist
- 9.4 **FEI-00025-F3** – Construction Permit Application
- 9.5 **FEI-00025-F4** – Code Compliance Review Checklist Part 1 and Part 2
- 9.6 **FEI-00025-F5** – Worksheet A Structural Design

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

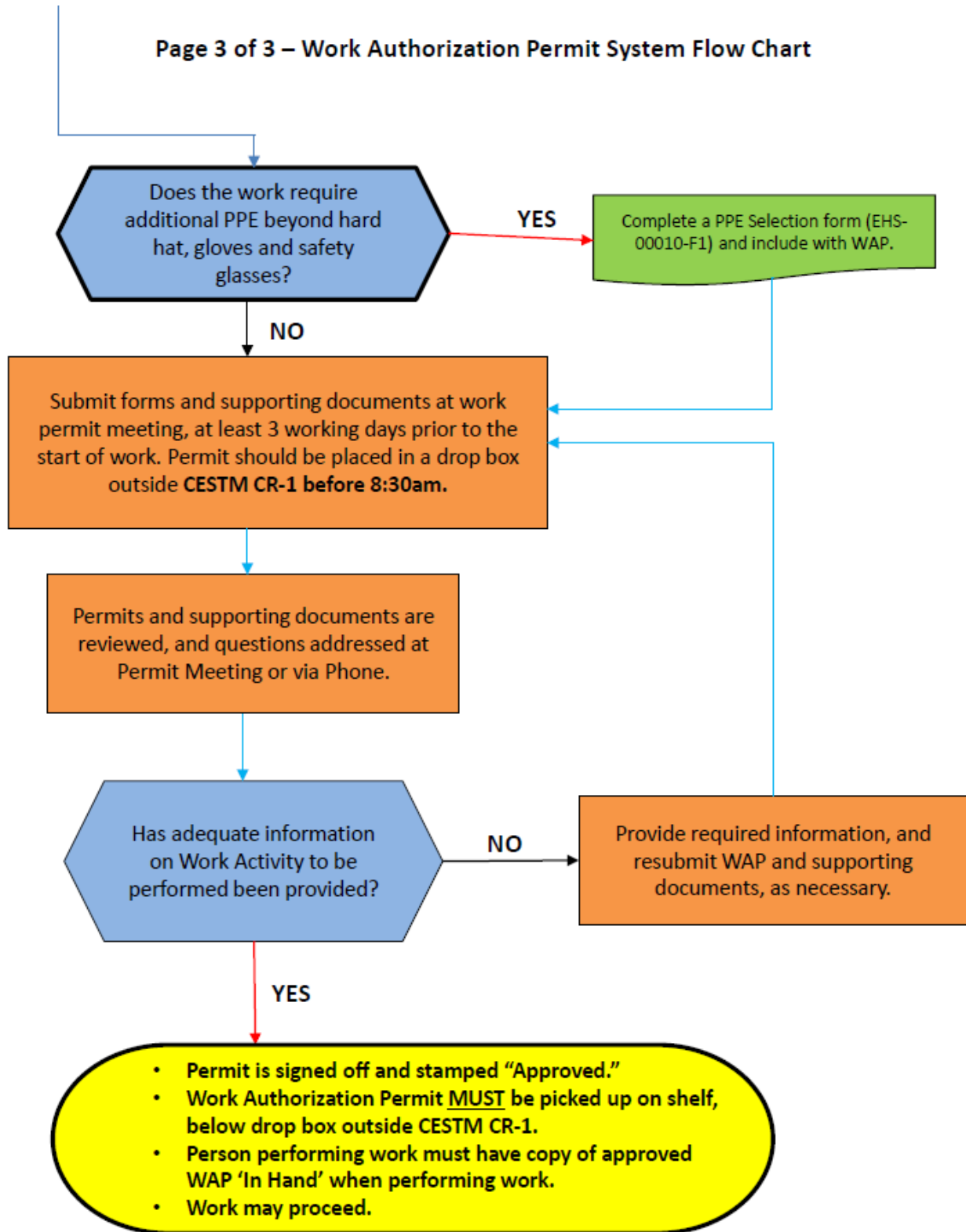


Page 2 of 3 – Work Authorization Permit (WAP) System Flow Chart



Continue to page 3

Page 3 of 3 – Work Authorization Permit System Flow Chart



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

	<b>WORK AUTHORIZATION PERMIT</b>	Form Number/Rev # CFM-00004-F1 R27
<input type="checkbox"/> Extend an Existing Permit      FEG Project #: _____      FEG PM Initials: _____ <input type="checkbox"/> Identify Weekend Work		
<b>Requestor Information</b>		
Requestor: _____	Cell Phone #: _____	Start Date: _____ Time: _____
Company: _____		End Date: _____ Time: _____
(1 week maximum)		
Work Sponsor (Name & Co.): _____	Who work is being performed for, firm and name. MUST be NY CREATES or TENANT employee	Bldg. / Location: _____
		Bldg. Name      Level / Rms: _____
<b>NY CREATES Contact Information</b>		
Emergency Phone # and ERT Sub-permit Approval (518) 437-3800		518-437-8817 (Office)      Security & Fire Systems: Erin Commerford      518-958-7082 (Office)      518-221-4346 (Cell)
<b>Work Information</b>		
<b>Work Summary:</b>	One sentence description of work to be performed.	
<b>Tools/Equip. Affected:</b>	Cleanroom tools and/or equipment affected by the work.	
<b>Systems Affected:</b>	System affected by the work.	
<b>Duration of Work:</b>	Anticipated duration of the work (e.g. 4 hours)	
<b>Possible Alarms:</b>	Alarms that will be or could be affected.	
<b>Description of Work:</b>	Description of what the work will entail.	
<b>Precautions:</b>	Precautions taken to prevent impact to people, equipment, facilities, and systems.	
<b>Notifications:</b>	<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"/> Ship / Rec <input type="checkbox"/> Odor Producing Notice <input type="checkbox"/> Evacuation <input type="checkbox"/> Roof Top Work <input type="checkbox"/> Noise Producing Notice <input type="checkbox"/> Waste Generation	
<b>Required Attachments:</b>	<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	
<b>Do Not Write Below This Line – FOR NY CREATES USE ONLY – Do Not Write Below This Line</b>		
<b>Additional Conditions / Concerns</b>	Additional directions, required sub-permits, approvals, etc.	
<b>System Owner Authorization</b>	Name: _____	Initials: _____
	Name: _____	Initials: _____
<b>Job Start Sign-On</b>		
Facility Representative:	See Work Authorization Permit Sign Off Matrix	Date: _____ <input type="checkbox"/>
Fire Systems Representative:	See Work Authorization Permit Sign Off Matrix	Date: _____ <input type="checkbox"/>
Safety Representative:	See Work Authorization Permit Sign Off Matrix	Date: _____ <input type="checkbox"/>
CSR Cleanroom Representative:	See Work Authorization Permit Sign Off Matrix	Date: _____ <input type="checkbox"/>
NY CREATES Cleanroom Representative(s):	See Work Authorization Permit Sign Off Matrix	Date: _____ <input type="checkbox"/>
Other:	See Work Authorization Permit Sign Off Matrix	Date: _____
Other:	See Work Authorization Permit Sign Off Matrix	Date: _____

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**Appendix C – Work Authorization Permit Sign Off Matrix**

Revised 10/11/23

Area of Responsibility	Primary	Contact #	Secondary	Contact #	Tertiary	Contact #
NY CREATES Facility Representative	Joel Melino	518-588-9170	Pat O'Dea	518-281-7487	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	Bob Kaelen	518-605-1102	Lucas Mitchum	838-250-7838
TEL (Tokyo Electron) Representative	Don Kinsey	518-435-5445	Jimmi Godlewski	518-424-2625	<a href="#">Mike Harding</a>	n/a
LAM Representative	Stefano Gazzelli	407-758-0187	Steve Ellinger	802-233-0645	n/a	n/a
NY CREATES EE / AIM Photonics Representative	<a href="#">Steve Shaw</a>	<a href="#">518-925-9454</a>	<a href="#">Andrew Peters</a>	<a href="#">518-925-8979</a>	n/a	n/a
NY CREATES IT Representative	Ralph Gartner	518-852-2398	n/a	n/a	n/a	n/a
AMAT Representative	Brian Clayton	518-469-3208	Chris Nickerson	518-223-3296	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.