**CFM-00004 External Appendix B**

# Work Authorization Permit Instructional Form

**REVISION**

| Rev No. | DCN No. | Change Summary | Release Date | DCN Initiator | Document Owner |
|---|---|---|---|---|---|
| 2 | DCN4532 | Update logo and branding | October 2025 | M. Kochan | P. O’Dea<br>J. Melino |

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

| creates | **WORK AUTHORIZATION PERMIT INSTRUCTIONAL FORM** ***INSTRUCTIONAL FORM*** | Form Number CFM-00004B R2 |
|---|---|---|

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

## Requestor Information

**Requestor:** *Person on site performing the work* **Cell Phone #:** *Requestor's cell #* **Start Date:** _____ **Time:** _____

**Company:** *Company/group performing work (i.e. subcontractors, not contractors)* **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:** *Level & ALL Rm. #'s or Areas*

## NY Creates Contact Information

Emergency Phone # and ERT Sub-permit Approval (518) 437-8600

518-956-7039 (Office)
Facilities: Joel Melino 518-588-9170 (Cell)

Security & Fire Systems: Erin Commerford

518-956-7082 (Office)
518-221-4345 (Cell)

## Work Information

| | |
|---|---|
| **Work Summary:** | *One sentence description of work to be performed with enough detail to understand what is being done. Reference project name or tool hex ID, if applicable.* |
| **Tools/Equip. Affected:** | *Cleanroom tools and/or equipment affected by the work.* |
| **Systems Affected:** | *System affected by the work.* |
| **Duration of Work:** | *Anticipated duration of the work (e.g., 4 hours).* |
| **Possible Alarms:** | *Alarms that will be or could be affected.* |
| **Description of Work:** | *Description of what the work will entail during the dates listed above.* |
| **Precautions:** | *Precautions taken to prevent impact on people, equipment, facilities, and systems.* |

**Notifications:** (Representative to initial.)

| | | | | | |
|---|---|---|---|---|---|
| ____ EHS / ERT | ____ HVAC | ____ WWT / UPW / BG | ____ Electrical | ____ Air Liquide | ____ Shipping / Receiving |
| ☐ Odor-Producing Notice | | ☐ Noise-Producing Notice | | ☐ Waste Generation | ☐ Evacuation |

**Required Attachments:**

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

| | | | | |
|---|---|---|---|---|
| ☐ Hot Work* | ☐ Fire Protection | ☐ Energized Elect. Work** | ☐ PPE Assessment | ☐ Scaffolding* |
| ☐ Crane Lifts** | ☐ TGMS Modification | ☐ Design Review Checklist | ☐ Dirty Work | ☐ Confined Space Entry* |
| ☐ IT Network Modification | ☐ Non-Routine Hazardous Work** | ☐ Dig Safely NY Clearance | ☐ Power-Actuated Fastener Tool* | |
| ☐ Non-Hazardous Gas Line Break | ☐ (Cleanroom) Floor Tile Removal | ☐ Other | | |

**Do Not Write Below This Line – FOR NY Creates USE ONLY – Do Not Write Below This Line**

| | | | | |
|---|---|---|---|---|
| **Additional Conditions/ Concerns** | *Additional directions, required sub-permits, approvals, etc.* | | | |
| **System Owner Authorization** | Name: | Initials: | Name: | Initials: |

## Job Start Sign-On

| | | | Rejected: |
|---|---|---|---|
| **Facility Representative:** | *See Work Authorization Permit Sign Off Matrix* | **Date:** | ☐ |
| **Fire Systems Representative (Security):** | *See Work Authorization Permit Sign Off Matrix* | **Date:** | ☐ |
| **Safety Representative (EHS):** | *See Work Authorization Permit Sign Off Matrix* | **Date:** | ☐ |
| **CSR Cleanroom Representative:** | *See Work Authorization Permit Sign Off Matrix* | **Date:** | ☐ |
| **NY Creates Cleanroom Representative(s) (TGMS):** | *See Work Authorization Permit Sign Off Matrix* | **Date:** | ☐ |

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|---|---|
| **Other:** *See Work Authorization Permit Sign Off Matrix* **Date:** | **Other:** *See Work Authorization Permit Sign Off Matrix* **Date:** |

| Other: *See Work Authorization Permit Sign Off Matrix* | Date: | Other: *See Work Authorization Permit Sign Off Matrix* | Date: |
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