

Hard copy of this document, if not marked "CONTROLLED" in red,  
is by definition uncontrolled and may be out of date.

**Instructions  
for**  
  
**Adding Tasks to Facility Shutdown Schedules**

**REVISION**

| Rev No. | DCN No. | Change Summary                        | Release Date | DCN Initiator | Document Owner |
|---------|---------|---------------------------------------|--------------|---------------|----------------|
| 7       | DCN2723 | Updates to branding and nomenclature. | 8-11-23      | C. Treacy     | J. Melino      |

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

## 1. PURPOSE AND SCOPE

### 1.1 Purpose

The purpose of this document is to ensure facility shutdown work activities at [NY CREATES' Albany NanoTech Complex](#):

- 1) Are communicated and coordinated with all affected parties (i.e., tenants, departments, etc.)
- 2) Are communicated and coordinated with Facilities
- 3) Are performed in accordance with [NY CREATES](#) EHS policies
- 4) When added late to the Shutdown Schedule, do not adversely impact other previously scheduled tasks and activities

### 1.2 Scope

1.2.1 Shutdown Task Authorization Permit (**CFM-00006-F1**) must be completed any time tasks or work activities are added to the Facility Shutdown Schedule beyond the established cutoff date for adding tasks.

1.2.2 These work instructions apply to all [NY CREATES](#) employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the [Albany NanoTech Complex](#).

1.2.3 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.

1.2.4 The "Shutdown Task Authorization Permit" does not replace any "Work Authorization Permit" requirements.

## 2. DEFINITIONS

2.1 **Shutdown Task** – Any activity that takes place on site or in the cleanroom during a scheduled facility shutdown.

2.2 **Facility Shutdown Schedule Task Cut Off Date** – The date established by the Facilities Department which ends the addition of any further work activities, tasks, etc. to the Shutdown Schedule.

2.3 **Task Owner** – The person responsible for completing a shutdown task.

### 3. RESPONSIBILITIES

- 3.1 Compliance with this procedure is the responsibility of the tenant or NY CREATES employee who “owns” the task to be added to the shutdown.
- 3.2 It is the Task Owner’s responsibility to obtain all approval signatures necessary.

### 4. ASSOCIATED DOCUMENTS

**CFM-00006-F1** – Shutdown Task Authorization Permit

### 5. PROCEDURE

- 5.1 A Shutdown Task Authorization Permit shall be completed and submitted not less than five calendar days prior to scheduled start of the shutdown. This is to allow sufficient time to verify all the potential impacts of the work activity have been identified.
- 5.2 The permit must be accepted and signed by each task owner on the shutdown schedule, each tenant representative (including non-cleanroom related tenants) and each NY CREATES position listed on the permit form.
- 5.3 The requestor shall present the completed permit to the facility shutdown coordinator for final approval and acceptance.
- 5.4 Two copies of the permit form shall be submitted. One that shall be stamped “approved” and contain all approval signatures shall be returned to the requestor and one shall be kept by the Facilities group for record.
- 5.5 The permit form shall not be modified (i.e., addition of contractor logo, etc.).
- 5.6 A “Shutdown Task Authorization Permit: Instructional Form” is provided for reference and example in Appendix A.

**6. RECORDS**

Completed Shutdown Task Authorization Permit shall be kept on file (electronically) by the Facilities Department for at least three years.

**7. VIOLATION**

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**

**Appendix A** - Shutdown Task Authorization Permit: Instructional Form

**Appendix A – Shutdown Task Authorization Permit: Instructional Form**  
 (See CFM-00006-F1 for blank Shutdown Task Authorization Permit)

|  |   |                                    |                          |
|--|---|------------------------------------|--------------------------|
| <b>Requestor Information</b>   |   | Date Submitted: _____              |                          |
| Task Owner: <u>Person responsible for task</u>   | Cell Phone #: _____   | Start Date: _____                  | Time: _____              |
| Company: <u>Company or group performing task</u>   |   | End Date: _____                    | Time: _____              |
|  |   | <small>(1 week maximum)</small>    |                          |
| Task Sponsor (Name & Co.): <u>Who task is performed for - firm and na</u>                    | Bldg. / Location: <u>e.g., NFS</u>  | Level / Rms: <u>e.g., Room 381</u> |                          |
| <b>Shutdown Task</b>   |   |                                    |                          |
| Task Summary:  | <u>One sentence description of task.</u>  |                                    |                          |
| Tools/Equip. Affected:   | <u>Items affected by the task to be performed.</u>  |                                    |                          |
| Systems Affected:  | <u>Systems affected by the task.</u>  |                                    |                          |
| Duration of Task:  | <u>Anticipated duration of the task in hours.</u>   |                                    |                          |
| Possible Alarms:   | <u>Alarms that will or might be affected.</u>   |                                    |                          |
| Description of Task:   | <u>Detailed description of the task to be performed.</u>                                    |                                    |                          |
| Precautions:   | <u>Precautions taken to prevent alarms or system malfunction.</u>                           |                                    |                          |
| <b>Do Not Write Below This Line – FOR NY CREATES USE ONLY – Do Not Write Below This Line</b> |   |                                    |                          |
| Additional Conditions / Concerns   | <u>To be filled out at the time of review, by the various representatives listed below.</u> |                                    |                          |
| System Owner Authorization   | Name: _____   | Initials: _____                    | Name: _____              |
|  |   |                                    | Initials: _____          |
| <b>Acceptance of Adding Task to the Shutdown</b>   |   |                                    | 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: _____              |
| Other: _____   | Date: _____   | Other: _____                       | Date: _____              |
| Other: _____   | Date: _____   | Other: _____                       | Date: _____              |
| Other: _____   | Date: _____   | Other: _____                       | Date: _____              |