

General Information

Applicant Name & Phone #:	Date of Application
Applicant's Supervisor & Phone #:	
Name of Organization & Email Address:	
Tenant Equipment Owner:	

Equipment Identification	Equipment Description
Equipment ID Code:	(Provide model names for all Equipment, chambers, and peripherals. A list can be attached to this form, if needed.)
Equipment Name:	
Supplier:	
Model:	
Building: Room:	

<input type="checkbox"/>	New Equipment Installation, Equipment modification and/or Process Change- anticipated implementation date / /
	For ALL New Equipment Installations and/or Equipment modifications, P&IDs must be submitted and an EHS-00017-F1 must be completed for final equipment approval.
<input type="checkbox"/>	Relocated: (equipment must be decontaminated per EHS-00037) P&ID must be submitted and an EHS-00017-F1 completed for final equipment approval. – arrival date / / <input type="checkbox"/> from other (Tenant, etc.) location <input type="checkbox"/> within ANC

<p>Description of Proposed New Equipment Installation, Equipment Modification, Process Change, and/or Chemical Change</p> <p>(NOTE: Indicate if the chemical change is permanent or one time only for evaluation. Include if there is an increase in amount of chemical used, and indicate if change affects abatement units, CDUs, GCs, or VMBs. Provide DCN if applicable.)</p> <p><input type="checkbox"/> Chemical change only with no changes to piping</p> <p>Additional details of proposed change:</p>	
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I. General Safety: One of the following 5 lines must be answered yes for NY CREATES EHS acceptance and/or approval of the equipment: <u>Line 1 or 2 is expected to be checked yes for most purchased equipment.</u> Once you answer yes, skip to #6.	Yes	No	N/A
1. For new installs or equipment modification only (if not, select N/A), is the Equipment listed or labeled by a Nationally Recognized Testing Laboratory (NRTL) (e.g., UL, CSA, FM) recognized by OSHA? (Note, CE is not an NRTL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the proposed equipment, modification to the Equipment, or addition of new chemicals undergone a SEMI S-2 compliance review by a third party Field Evaluation Body (FEB), and have you provided a copy of the report to the NY CREATES EHS department before the Piping and Instrumentation Drawings (P&IDs) are issued for review (IFR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If both answers to 1 and 2 are NO, Meet with EHS Safety Equipment Engineer.			
3. Will the equipment be evaluated by a third party FEB (acceptable to NY CREATES EHS) to verify compliance to the applicable codes and industry consensus standards such as: National Electrical Code (NEC – NFPA 70) and Electrical Standard for Industrial Machinery (NFPA 79) and a report submitted to NY CREATES EHS department before the P&ID is IFR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the equipment be evaluated by NY CREATES Authority Having Jurisdiction (AHJ) to verify compliance to the applicable codes and industry consensus standards such as: NEC – NFPA 70 and NFPA 79 before the P&IDs are IFR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. With respect to only custom-made equipment (one of a kind) or related installations that are designed, fabricated for, and intended for use by a particular customer, has it been determined to be safe for its intended use by its manufacturer on the basis of test and inspection data provided to the customer, AHJ, and the Equipment Engineer and/or Owner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you be installing or changing any peripheral equipment such as LDS cabinets, Ozone generators, vaporizers, gas cabinets, purifier units, Point of Use abatement units, vacuum pumps, chillers, etc.? If yes, EHS must have an S2 on file for each peripheral unit or the equipment must be NRTL certified. Attach a list of all peripheral equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Will this new Equipment, Relocation, Engineering Change, or Process Change result in addition or changes to TGMS monitoring (including renaming of monitoring points)? If yes, a TGMS matrix must be submitted for approval.	<input type="checkbox"/>	<input type="checkbox"/>	

II. Radiation (Ionizing, Laser, RF, UV, IR, Magnetic, X-ray)? Only answer yes for new installations or modifications to the radiation equipment.	Yes	No	N/A
1. Does this equipment/installation contain or produce X-rays or is it an electron microscope?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If yes, the Radiation Device Inventory (EHS-00066-F2) must be completed and provided to NY CREATES EHS prior to commissioning.			<input type="checkbox"/>
2. Does this equipment/installation contain or produce non-ionizing radiation (RF, magnetic, microwave, UV, IR)?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If yes, the Non-Ionizing Radiation Equipment Inventory (EHS-00066-F4) must be completed and provided to NY CREATES EHS prior to commissioning.			<input type="checkbox"/>
3. Does this equipment/installation have any Class 2, 3, and 4 Lasers?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If yes, the Laser Inventory Form (EHS-00066-F5) must be completed and provided to NY CREATES EHS prior to commissioning.			<input type="checkbox"/>
ii. If yes, will such a laser meet the requirements set forth in EHS-00048-F1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does this equipment/installation have any Sealed Radiation Sources?	<input type="checkbox"/>	<input type="checkbox"/>	
i. If yes, the Radiation Sealed Source Inventory (EHS-00066-F6) must be completed and provided to NY CREATES EHS prior to commissioning.			<input type="checkbox"/>

III. Facility Services	Yes	No	N/A
1. Will the New Equipment Installation, Equipment Modification and/or Process Change require new or upgraded facility services (e.g., exhaust, drain, HPM or non-HPM gas, cooling water)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If yes, Equipment Hookup Project Manager signature is required. P&IDs and an EHS-00017-F1 are required.			<input type="checkbox"/>
2. What exhaust system(s) will be utilized? <input type="checkbox"/> Heat Exhaust <input type="checkbox"/> Acid Exhaust <input type="checkbox"/> Base Exhaust <input type="checkbox"/> Solvent Exhaust			

IV. Chemicals and/or Gases	Yes	No	N/A
1. Does this Process Change add, increase the use of, create, or contain chemicals either hazardous or non-hazardous in the form of solids, liquids, or gases? If yes, complete Chemical and Gas Table on this page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the Process Change require chemical(s) and/or gas(es) to be supplied from a Gas Cabinet, Chemical Dispense Unit, VMB, or CVMB requiring supply lines and/or equipment (e.g., GCs, CDUs, VMBs, CVMBs) to be relabeled? If yes, an EHS-00017-F1 must be completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the Process Change require installation of new supply lines? If yes, an EHS-00017-F1 must be completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will there be changes in classification of HPMs delivered to the equipment by existing delivery systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Process Change and/or chemistry identified as being compatible with the equipment in the SEMI-S2 report? If no, supporting documentation for the process change and/or chemical approval is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you notified the service provider(s) of the point of use abatement equipment (i.e., Atlas, Edwards, RTO) of the Process Change and/or new chemical and prior processing on the wafers, not reported in the S2, and by-products? (Provide written confirmation from service provider).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a point of use abatement that this Process Change and/or chemistry change go through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have Chemical Authorization Requests been submitted to NY CREATES EHS through HAZMIN for all new or increased quantities of chemicals and gases that will be used? Complete the following Chemicals and Gases List. (This form will not be approved until all chemicals/gases have been submitted to HAZMIN).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V.	Chemicals and Gases List (Include chemicals and gases that were previously approved)							
Location/ Chamber #	Chemical Name (Must match Hazmin request)	Supply: On board or Facility Feed	Current	New	Future	Removed	Volume and number of cylinders or Max Flow (L/gals/scm)	Expected Storage Volume
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

New Equipment Installation Or Equipment Modification Or Process Change Checklist

EHS-00016-F1 R20

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

State	HPM Classification	Maximum Quantity Allowed on Equipment/Workstation	Is the quantity ≤ the max. allowed for that Class?		
			Yes	No	N/A
Gas	Corrosive	3 cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxidizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flammable, highly toxic, pyrophoric, and toxic combined		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid	Flammable	60 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corrosive	Open-system: 50 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Closed-system: 300 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Toxic	30 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxidizer	Open-system: 24 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Closed-system: 120 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pyrophoric	0.5 gallon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toxic	Open-system: 30 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Closed-system: 120 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unstable Reactive Class 3	2 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-reactive Class 3	0.5 gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solid	Flammable	20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corrosive	80 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Toxic	10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxidizer	80 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pyrophoric	Open-system: 0 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Closed-system: 1 pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toxic	20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unstable reactive Class 3	20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-reactive Class 3	Open-system: 2 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approval Signatures I have reviewed this EHS-00016-F1.			
Title	Signature	Print Name	Date
Equipment Owner (EO) or Equipment Engineer (EE)			
Process Engineer			
Equipment Owner (EO) or Engineer's (EE) Supervisor/Manager			
Process Engineer's Supervisor/Manager			
NY CREATES System Owner: Bulk Gases/Chemicals (gas/chemical addition or change)			
NY CREATES Wastewater Engineer (change/add to chemicals going to drains or change to the drain connections)			
NY CREATES Equipment Hookup Project Manager (FEG) (Facility Hookup change or any change other than a chemical add/change)			
STOP: No change(s) identified in this checklist can be implemented until the requestor has received final approval from the EHS Safety Equipment Engineer			
Title	Signature	Print Name	Date
NY CREATES EHS Safety Equipment Engineer			
NY CREATES EHS Environmental Engineer			