
*This requisition form will initiate a potential project. Please complete this form and email to the address below. Line items with * are required fields.

*COMPANY: _____

*DATE:

*CONTACT NAME: _____

*SECOND CONTACT NAME: _____

*CONTACT NUMBER: _____

*SECOND CONTACT NUMBER _____

*EMAIL: _____

*EMAIL: _____

*** PROJECT INFORMATION**

*CONTRACT SOURCE:

* BUILDING: _____ ROOM: _____

*TENANT BUDGET:

* FLOOR/AREA: _____

*ESTIMATE/BUDGET): _____

* TYPE OF SPACE: _____

*ESTIMATED DATE REQUIRED:

DESCRIPTION OF WORK AND DRAWING OF SPACE: (How the space is will be used, estimate of size, list of new equipment, etc.).....

Additional Specifications: Please check or comment on any item below that may apply to your request.

<p><u>Office Space Requirements:</u></p> <p>1) No. of Conference Rooms: _____</p> <p>2) No. of Offices: _____</p> <p>3) No. of Cubicles: _____</p> <p>4) No. of People in one Area: _____</p> <p>5) Kitchen Area: _____</p> <p>6) Card Reader/Security: _____</p> <p>7) Internet Provider: _____</p> <p>8) Wireless Required: _____</p> <p>9) IT/DATA Closet Required: _____</p> <p>10) Phone (Voice or IP): _____</p> <p>11) Lighting Required: _____</p>	<p><u>Lab Space Requirements:</u></p> <p>1) Special Humidity: _____</p> <p>2) Electrical: _____</p> <p>3) Exhaust Type/CFM: _____</p> <p>4) CDA Compressed Dry Air:</p> <p>5) LPN2 Low Purity Nitrogen:</p> <p>6) HPN2 High Purity Nitrogen:</p> <p>7) PCW Process Chilled Water:</p> <p>8) Waste Water:</p> <p>9) Chemicals: _____</p> <p>10) Bottled Gasses: _____</p> <p>11) Floor Requirements: _____</p> <p>12) Height Requirements: _____</p> <p>13) Radiation, Laser, Etc.: _____</p> <p>14) Equipment Weight: _____</p> <p>15) Equipment Vibration: _____</p> <p>16) Equipment Flooring: _____</p> <p>17) Electrostatic: _____</p> <p>18) Other: _____</p>	<p><u>Mechanical:</u></p> <p>1) Shutdown Required: _____</p> <p>2) Exhaust Type: _____</p> <p>3) Water Type: _____</p> <p>4) HVAC Duct Modification: _____</p>
<p><u>Cleanroom:</u></p> <p>1) ISO Class: _____</p>		<p><u>Electrical:</u></p> <p>1) Shutdown Required: _____</p> <p>2) Voltage Required: _____</p>
<p><u>Tool Install Equipment:</u></p> <p>Provide FEI-00002-F1 for each tool or submit a Facilities Utility Matrix (FUM) showing each tools requirement.</p>		<p><u>Sitework:</u></p> <p>1) Survey Required: _____</p> <p>2) Road Closures: _____</p> <p>3) Will a Crane be required? _____</p>
		<p><u>Architectural Finishes:</u></p> <p>1) Floor Modification: _____</p> <p>2) Ceiling Modifications: _____</p>

**KEY ITEMS TO PROVIDE TO NY CREATES FOR MODIFICATIONS/CHANGES TO AN EXISTING AREA:
(A FACILITIES PROJECT MANAGER WILL BE ASSIGNED TO GUIDE TENANTS THROUGH THE NY CREATES PROCESS)**

❖ **Tool/Equipment Hook-up**

Follow the NY CREATES EHS and Tool Install process listed below and provide installed PE stamped drawings: Note: Simple installs like plugging into existing outlets exceptions may be made, please contact a Facilities Engineering representative for more information.

- FEI-00001 NY CREATES Albany Nanotech Complex Tool Design and Install Process Guideline
- EHS-00016-F1 New Equipment Installation, Equipment Modification or Process Change Procedure
- EHS-00017-F1 Equipment Commissioning Procedure.

❖ **Modifications under \$20K** –Use EHS-00038 Facility Modification Sign Off Process which includes executing forms: EHS-00038-F1 Design Review Check List and EHS-00038-F2 Final Inspection Check List. Please include with the Design Review Checklist layout information, facility requirements, equipment information, etc. Provided an electronic copy of documentation to FEG and EHS for filling.

❖ **Modifications over \$20K** –Prior to Construction:

- Provide a set of Design Drawings to be review by NY CREATES Facilities Engineering Department (FEG) & EHS Department.
- Drawings will be returned with review comments, address all comments and update Design Drawings.

To Start Construction:

- Apply for SUNY POLY Construction permit by submitting CFM-0004A-F1 SUNY Poly Construction Permit along with a set of Professional Engineering Stamped Drawings.
- Submit a construction work schedule to Facilities Project Manager.
- Submit Equipment /Material submittal for FEG approval.

During the construction phase the Facilities Field Construction Technician will provide coordination assistance and site walk/ inspection. At end of Construction:

- Schedule a punch list walk, coordinate with the assigned NY CREATES Facilities Project Manager to determine who on the NYCREATES side needs to participate (i.e. FEG, FOG, EHS, etc).
- Apply for Certificate of Occupation (CO) and if needed temporary certificate of occupation (TCO). A Certificate will be issued for approval.

At end of project submit PDF and .dwg AutoCAD As-built drawings along with warrantee information, inspection and/or test reports.

Submit Form to FEG_PROJ_REQ@sunypoly.edu. Form will be processed, and a Facilities Project Manager will be assigned to guide through NY CREATES Process.

*Signature: _____

*Date: _____

Internal Use:

FEG Project Manager Assigned: _____

Date Assigned: _____

Walk Through Date: _____

Project Start Date: _____