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Instructions
for
Obtaining Work Authorization Permits

REVISION

Rev No.	DCN No.	Change Summary	Release Date	DCN Initiator	Document Owner
8	DCN0521	Delete Section 5.9; add Robert Kruzinski to SUNY Cleanroom Q.C. Rep signature options.	9-9-09	Pat O'Dea	Pat O'Dea

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 College of Nanoscale Science and Engineering (CNSE) facility are:
1. Communicated and coordinated with all affected parties (i.e. tenants, departments, etc.)
 2. Communicated and coordinated with Facilities
 3. Performed in accordance with EH&S policies

2. SCOPE

- 2.1 Work Authorization Permit (CFM-00004-F1) must be completed any time:
1. Work activities are performed within the facility that will directly impact the facility or facility operations.
 2. Work activities performed outside the facility will directly impact the facility or facility operations.
 3. Work activities performed within the facility by a contractor, subcontractor or other non-tenant or non-CNSE employee. (*Exceptions to this are preventive maintenance or 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.)*)
- 2.2 These work instructions apply to all CNSE employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the CNSE facility.
- 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.

3. DEFINITIONS

- 3.1 **Work Activity** that requires authorization by using this process is any activity that includes the following:
1. Modifications to HVAC, Plumbing, Electrical, Bulk Gas or Life Safety systems

2. Building or infrastructure reconfiguration
3. Any utility shutdown
4. Facility type equipment shutdown
5. Any utility line entry/break
6. Excessive noise, vibration or dust
7. Odor Producing Work
8. Excavation

3.2 **Sub Permits:** The following sub-permit and approval forms shall be attached to the Work Authorization Permit form, if the Work Activity involves any tasks described below:

1. Hot Work Permit: Submit a Hot Work Permit form (EHS-00029-F1), if the Work Activity includes the need to perform any welding, cutting, blasting, brazing or soldering.
2. Fire Protection System Permit: Submit a Fire Protection System Permit (CFM-00005-F1) anytime work activities within the facility have the potential to affect the fire alarm system and its components including testing, modification and maintenance of the fire system. In addition, when hot work activities will be carried out indoors that will affect the fire alarm system.
3. CNSE Crane Work Permit: Submit a CNSE Crane Work Permit form (EHS-00040-F1), if the Work Activity involves use of a crane on site.
4. Confined Space Entry Permit: Submit a Confined Space Entry Permit form (EHS-00007-F1), if the Work Activity involves entry into a permit-required confined space (refer to Section 3.0 of EHS-00007 Entry Procedures for Confined Spaces for clarification).
5. Energized Electrical Work Permit: Submit an Energized Electrical Work Permit (EHS-00054-F1), 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 for clarification).
6. Floor Tile Removal Approval Form: Submit a Floor Tile Removal Approval Form (EHS-00032-F1), if the Work Activity involves the need to remove a floor tile in the NFN or NFSX cleanrooms.
7. Design Review Checklist: Submit a Design Review Checklist form (EHS-00038-F1), 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.

8. Dirty Work Permit Application: Submit a Dirty Work Permit Application form (CFM-01005-F1), if the Work Activity involves the need to potentially create any additional particulates in any of the cleanroom environments.
9. Other: If necessary, other submissions or back-up documentation that must be attached to the Work Authorization Permit include:
 - Approved S.U.N.Y. Building Permits: required for modifications made to the building or its associated infrastructure (for details reference: http://www.albany.edu/ehs/code_getpermit.html.)
 - 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-SAFE Clearance: required when excavations shall be performed on site to demonstrate that the area has been cleared to perform the excavation.
 - Odor Producing Notices: shall be posted in areas that will be affected by odors expected to be produced by work being performed. Such notices should include the expected odor and the duration for the work being performed.

3.3 Job Safety / Hazard Analysis (JSA or JHA)

If any of the above work tasks, that require completion of a work authorization, require additional Personal Protective Equipment (PPE) beyond the use of a hard hat, safety glasses, and/or leather gloves, a Job Hazard Analysis (JHA) and PPE Selection Form (EHS-00010-F1) must be completed and attached to the Work Authorization Permit.

4. RESPONSIBILITIES

- 4.1 Compliance with this procedure is the responsibility of the tenant or CNSE employee responsible for the Work Activity.
- 4.2 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 A Work Authorization Permit shall be completed and submitted three (3) days prior to 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. Permits may not be submitted one (1) day prior to the start of work.
- 5.2 The permit form shall not be modified (e.g. addition of contractor logo, etc.).
- 5.3 A permit for work that is considered necessary, due to an urgent situation, will be processed the same day the permit is submitted 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.
- 5.4 In addition to a Work Authorization Permit, the requestor shall attach all applicable sub-permits and/or a JHA (Job Safety / Hazard Analysis) depending on the type of work being performed. See Appendix A – Work Authorization Permit System Flow Chart.
- 5.5 The requestor shall present the permit 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.
- 5.5.1 All sub-permits or work activities that require additional sign-off and support from CNSE departments must be scheduled with the affected CNSE person three days prior to the event. The CNSE person who has agreed to support this activity must also sign-off on the Work Authorization Permit to confirm their availability. The CNSE EHS department does not support work performed on Friday nights or over weekends.
- 5.5.2 **NOTE:** Permit meetings will not take place during Research Foundation holidays, please visit the following website to view a list of the Research Foundation holidays: <http://hr.albany.edu/content/sponsor.asp> .
- 5.6 Two (2) copies of the permit form shall be submitted. One (1) that shall be stamped 'approved' and contain all approval signatures shall be returned to the requestor; and one (1) shall be kept by the Facilities group for record.
- 5.7 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. Requestor is responsible for picking up their copy of the approved permits.

- 5.8 A 'Work Authorization Permit Instructional Form' is provided for reference and example in Appendix B.

6. RECORDS

- 6.1 Completed Work Authorization Permits shall be kept on file (electronically) by the Facilities Department for at least three years.

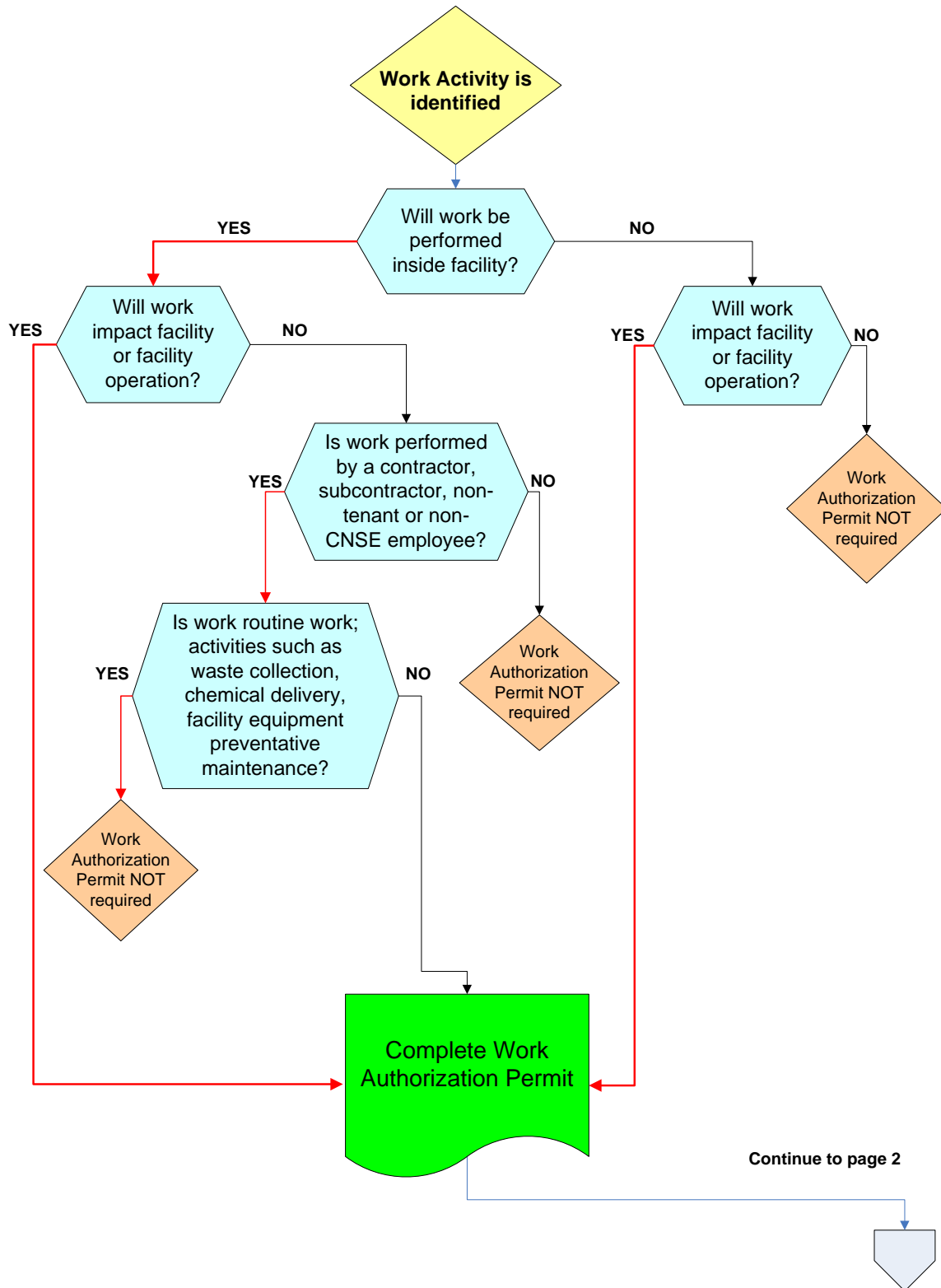
7. VIOLATION

- 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

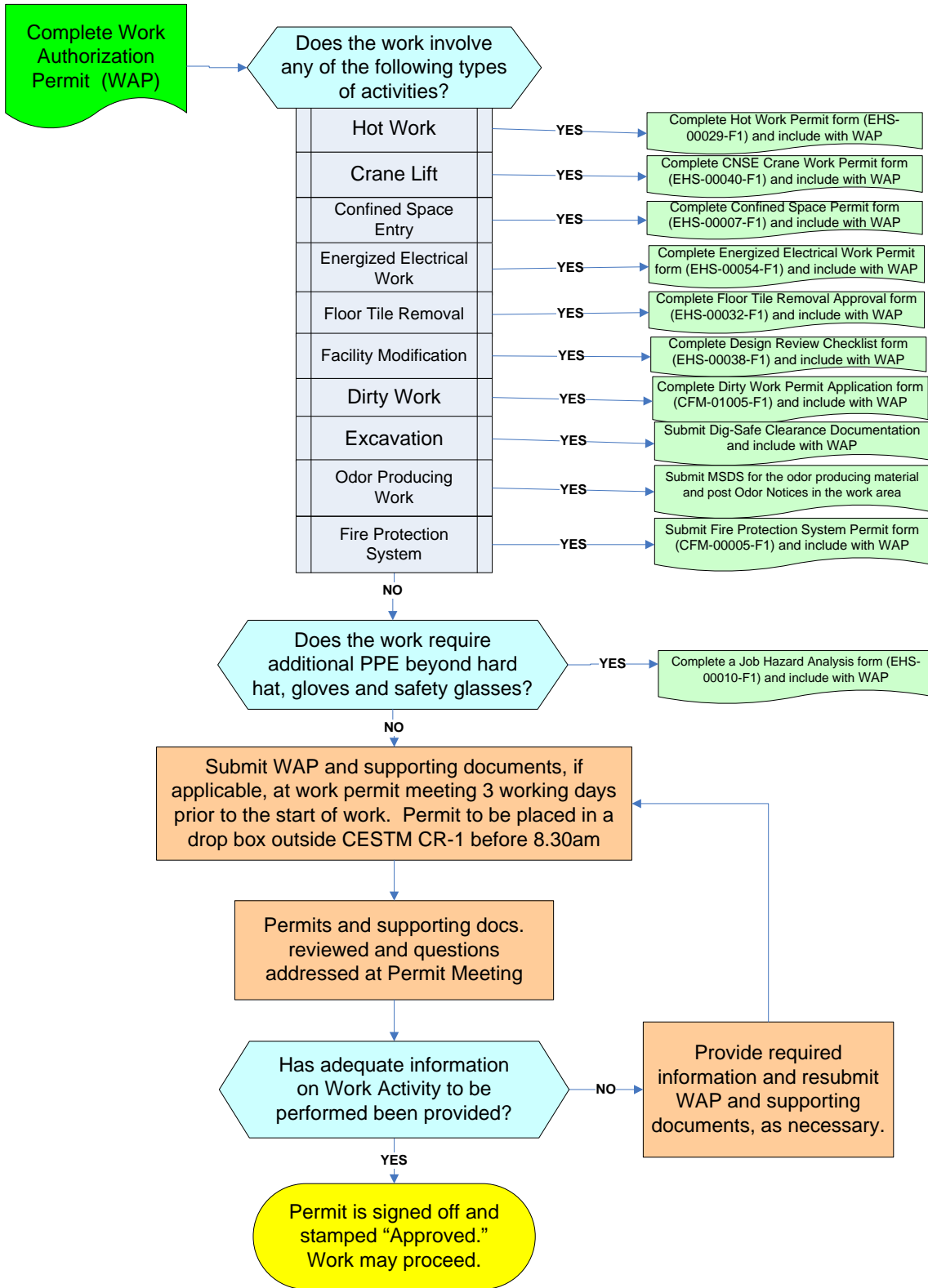
- 8.1 **Appendix A** – Work Authorization Permit System Flow Chart
- 8.2 **Appendix B** – 'Work Authorization Permit' Instructional Form

Appendix A – Work Authorization Permit System Flow Chart (Page 1 of 2)




Continue to page 2

Page 2 of 2 - Work Authorization Permit System Flow Chart



Appendix B – Work Authorization Permit Instructional Form (See CFM-0004-F1 for Actual Blank Work Authorization Permit)

 <p>COLLEGE OF NANOSCALE SCIENCE & ENGINEERING <small>UNIVERSITY AT ALBANY State University of New York</small></p>	<h2 style="margin: 0;">WORK AUTHORIZATION PERMIT</h2>	Form Number/Rev # CFM-00004-F1 R7
<input type="checkbox"/> Check to Extend an Existing Permit		Permit Request Number: _____
Requestor Information		
Requestor: <u>Person performing the work</u> Phone #: <u>Cell Phone #</u> Start Date: _____ Time: _____ Company: <u>Company or group performing the work (i.e. subcontractors, not contractors)</u> End Date: _____ Time: _____ (1 week maximum)		
Work Sponsor: <u>Who work is being performed for – firm and name</u> (e.g. ABC Inc. – J. Sample) Bldg./ Location: <u>(e.g. NFS – Rm. 381)</u>		
CNSE Contact Information		
Emergency Phone # (518) 437-8600 Facilities: Pat O'Dea 281-7487 (Call) 437-8817 (Office) 437-8627 (Office) EHS: Bob Segura – EHS 470-3882 (Cell)		
Work Information		
Work Summary:	<i>One sentence description of work to be performed.</i>	
Tools/Equip. Affected:	<i>Tools and/or equipment affected by the work.</i>	
Systems Affected:	<i>System affected by the work.</i>	
Duration of Work:	<i>Anticipated duration of the work (e.g. 4 hours).</i>	
Possible Alarms:	<i>Alarms that will be or could be affected.</i>	
Description of Work:	<i>Detailed description of what the work entails.</i>	
Precautions:	<i>Precautions taken to prevent alarms or system malfunction.</i>	
Notifications:	<input type="checkbox"/> Security <input type="checkbox"/> EHS <input type="checkbox"/> FOG <input type="checkbox"/> WWT/UPW <input type="checkbox"/> Air Liquide <input type="checkbox"/> Bulk Gas <input type="checkbox"/> Odor Producing Notice <input type="checkbox"/> Evacuation <input type="checkbox"/> Dig Safe NY	
Sub Permits Attached	<input type="checkbox"/> Hot Work <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Energized Elect. Work <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Floor Tile Removal <input type="checkbox"/> Crane Lifts <input type="checkbox"/> Excavation <input type="checkbox"/> Facility Modification <input type="checkbox"/> Dirty Work <input type="checkbox"/> Fire Protection <input type="checkbox"/> TGMS <input type="checkbox"/> Other _____	
Do Not Write Below This Line – FOR SUNY USE ONLY – Do Not Write Below This Line		
<i>To be filled out at the time of review by the various representatives listed below.</i>		
Additional Conditions / Concerns		
System Owner Authorization	Name: _____ Initials: _____ Name: _____ Initials: _____	
Job Start Sign-On		
		Rejected:
SUNY Facility Representative:	<u>Pat O'Dea / Scott Maywait / John Woodbeck</u>	Date: _____ <input type="checkbox"/>
SUNY Cleanroom Q.C. Representative:	<u>Jack DeRusso / Daisy Colon / Robert Kruzinski</u>	Date: _____ <input type="checkbox"/>
SUNY Fire Systems Representative:	<u>Joe Merrigan / Mark Vasto</u>	Date: _____ <input type="checkbox"/>
SUNY Safety Representative:	<u>Jennifer Trodden / Candice Culligan / Robert Segura / Jerry Quint</u>	Date: _____ <input type="checkbox"/>
CSR Cleanroom Representative:	<u>Robert Young / Andy Doe / Jim Smith</u>	Date: _____ <input type="checkbox"/>
SUNY Cleanroom Representative(s):	<u>Tim Stoner</u>	Date: _____ <input type="checkbox"/>
<input type="checkbox"/> A-L <input type="checkbox"/> SEMATECH <input type="checkbox"/> TEL <input type="checkbox"/> Other: _____		Date: _____ <input type="checkbox"/>