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**Instructions
for**

Adding Tasks to Facility Shutdown Schedules

REVISION

Rev No.	DCN No.	Change Summary	Release Date	DCN Initiator	Document Owner
1	DCN0417	Initial Release	8-18-08	P. O'Dea	P. O'Dea

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 the College of Nanoscale Science and Engineering (CNSE) facility:

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 EH&S 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 CNSE employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the CNSE facility.

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 CNSE 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 three (3) 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 SUNY 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 (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.
- 5.5 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 Actual Blank Shutdown Task Authorization Permit)

 COLLEGE OF NANOSCALE SCIENCE & ENGINEERING <small>UNIVERSITY AT ALBANY - State University of New York</small>	SHUTDOWN TASK AUTHORIZATION PERMIT	Form Number/Rev # CFM-00006-F1 R1
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Requestor Information	Date Submitted:
Task Owner: <u>Person responsible for task</u> Phone #: <u>Cell #</u> Start Date: _____ Time: _____ Company: <u>Company or group performing task</u> End Date: _____ Time: _____ Task Sponsor: <u>Who task is performed for – firm and name</u> Bldg./ Location: <u>(e.g. NFS – Rm. 381)</u>	

Shutdown Task	
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>System affected by the task.</u>
Duration of Task:	<u>Anticipated duration of the task in hours.</u>
Possible Alarms:	<u>Alarms that will be or might be affected.</u>
Description of Task:	<u>Detailed description of the task to be performed.</u>
Precautions: <small>(to prevent alarm or shut down)</small>	<u>Precautions taken to prevent alarms of system malfunction.</u>

Additional Conditions / Concerns (for SUNY use)
<u>To be filled out at the time of review, by the various representatives listed below.</u>

Acceptance of Adding the Task to the Shutdown		
SUNY Cleanroom Representative:	<u>Tim Stoner</u>	Date: _____
SUNY Safety Representative:	<u>Jennifer Trodden / Candice Culligan / Robert Segura</u>	Date: _____
SUNY Facility Representative:	<u>Pat O'Dea / Scott Maywalt / John Woodbeck</u>	Date: _____
Tenant Representative (IBM):	_____	Date: _____
Tenant Representative (Sematech):	_____	Date: _____
Tenant Representative (TEL):	_____	Date: _____
Tenant Representative (Commerce Hub):	_____	Date: _____
Shutdown Task Owner:	_____	Date: _____
Shutdown Task Owner:	_____	Date: _____
Shutdown Task Owner:	_____	Date: _____

Submit additional sheets to list all 'tenant representatives' and 'shutdown task owners' as necessary.