



Improvisation as second nature: EMC testing at ASML

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Competence leader EMC

November 20th, 2019, Konigshof Veldhoven

ASML in 34 years 1984



Total market: €463 million
Employees: <60
Locations 2 (NL, USA)
Revenue: <€ 1.2 million
Profit: nil
R&D cost: € <5 million

34

2018



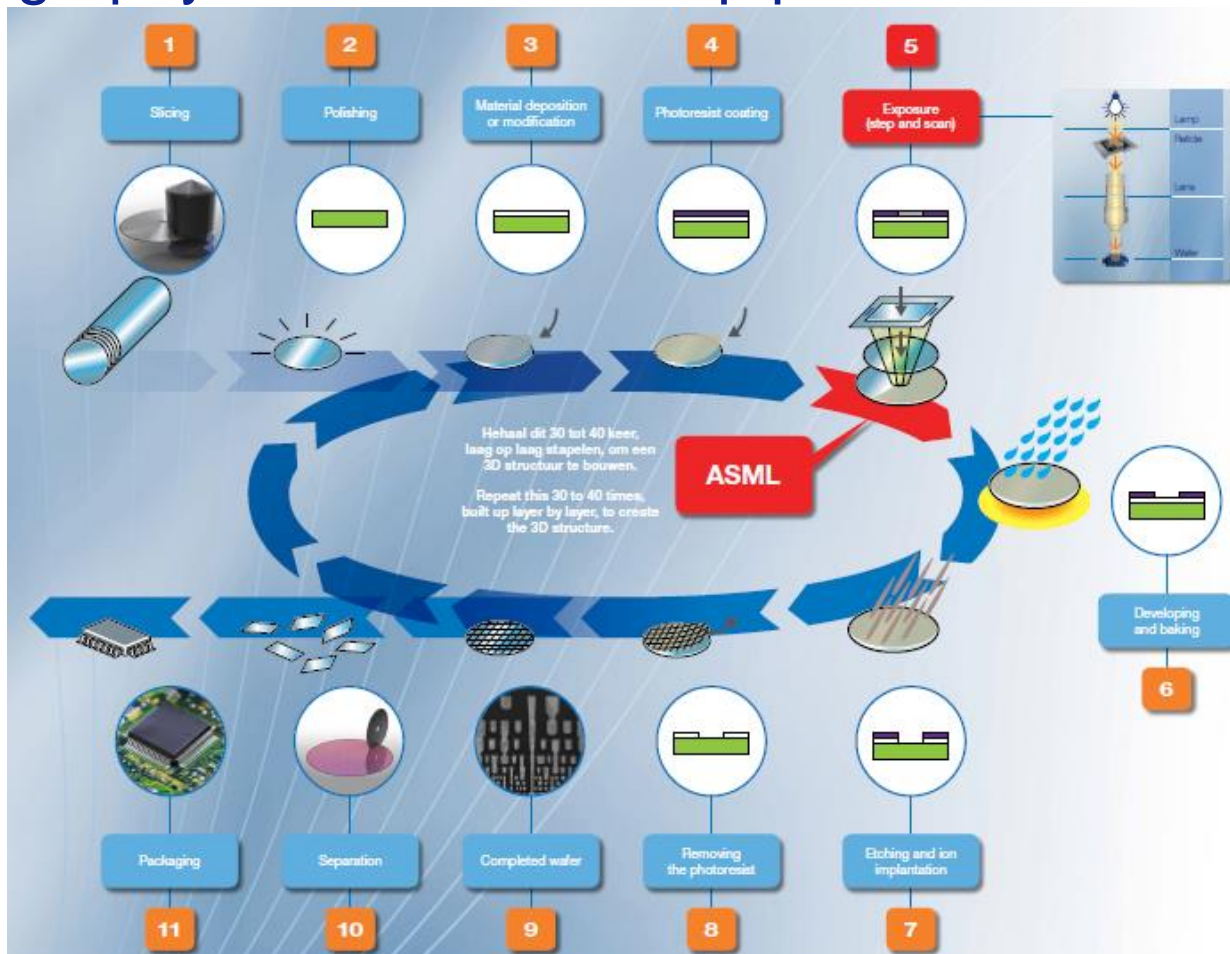
Total market: € 10 - 11 billion
Employees: > 20.000
Locations: 70 in 16 countries
Revenue: € 9.1 billion (2017)
Profit: € 2.1 billion (2017)
R&D cost: >€ 1.3 billion (2017)
of which 75% in the Netherlands

ASML in 34 years



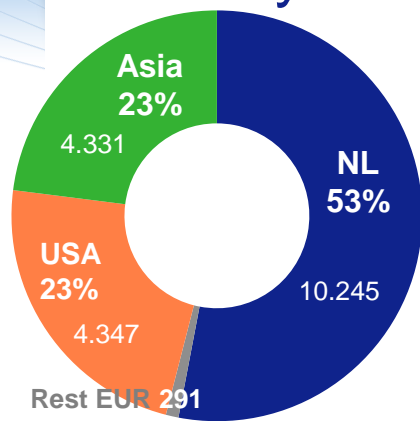
More than 60 locations in 16 countries

Lithography is the heart of chip production

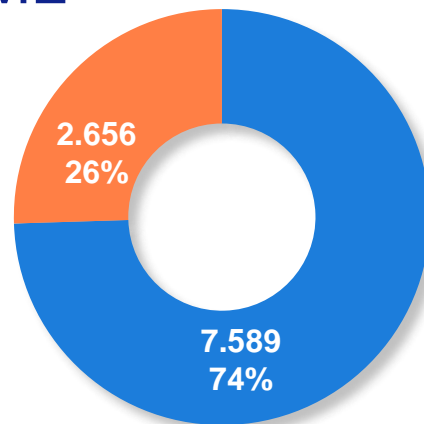




Diversity at ASML



Worldwide 19.215



The Netherlands 10.245

Employees

■ Fix

■ Flex

End 2017 (FTE)



Top 10 in Veldhoven

- 1 Netherlands (7.779)
- 2 Belgium (408)
- 3 India (232)
- 4 China (182)
- 5 Italy (124)
- 6 Ireland (120)
- 7 Greece (111)
- 8 Germany and Turkey (96)
- 9 Poland and Spain (91)
- 10 United Kingdom (77)



ASML

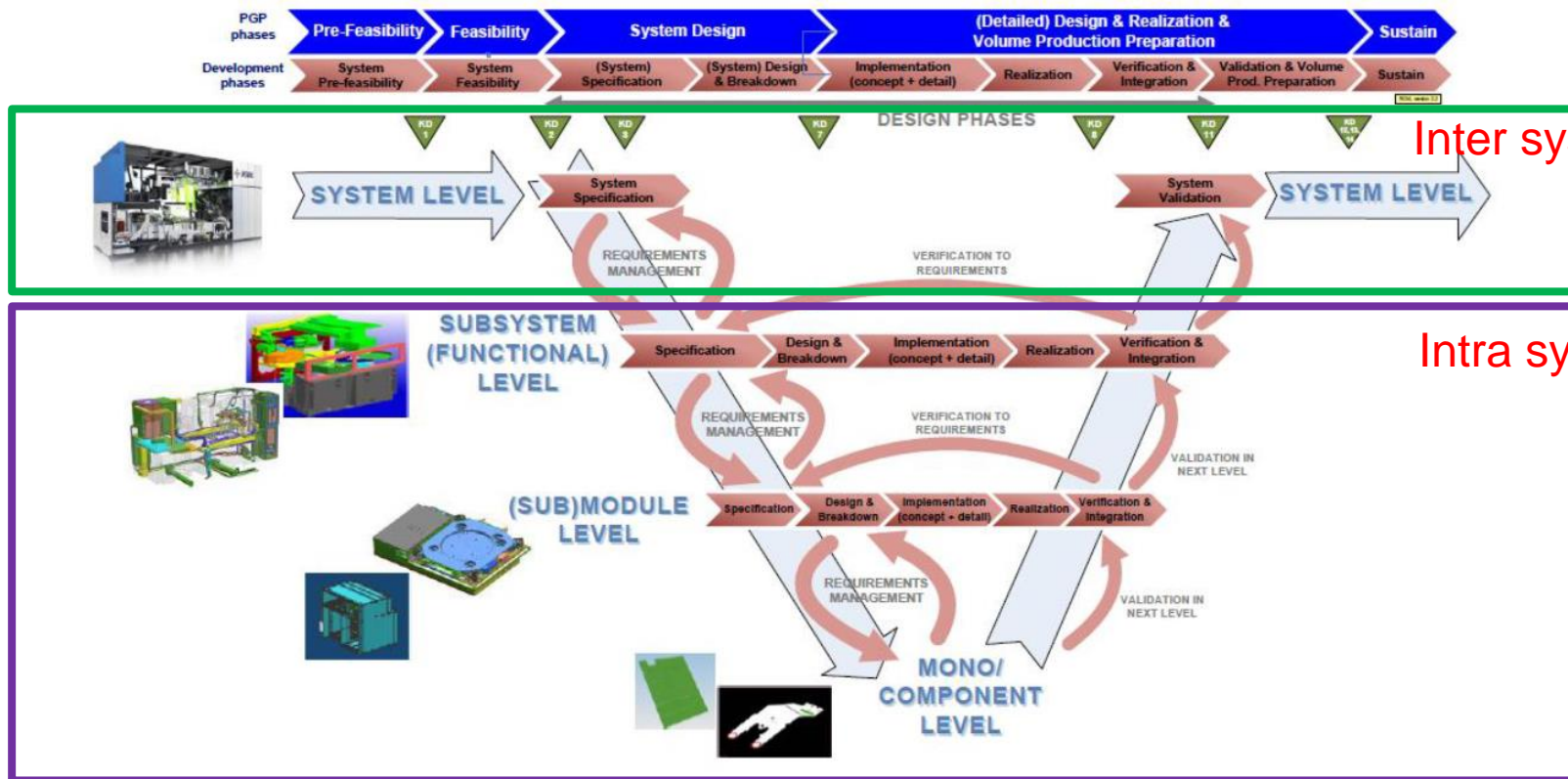
- 115 nationalities ww
- 93 nationaliteiten in Veldhoven
- 24% non-Dutch in Veldhoven
- 33% Bachelors degree
- 49% Masters degree
- > 800 PhDs
- 8 part-time profs at NL universities
- 14% female

...all this while become (or remain) CE/ FCC compliant!
And do this fast, cheap AND right the first time!



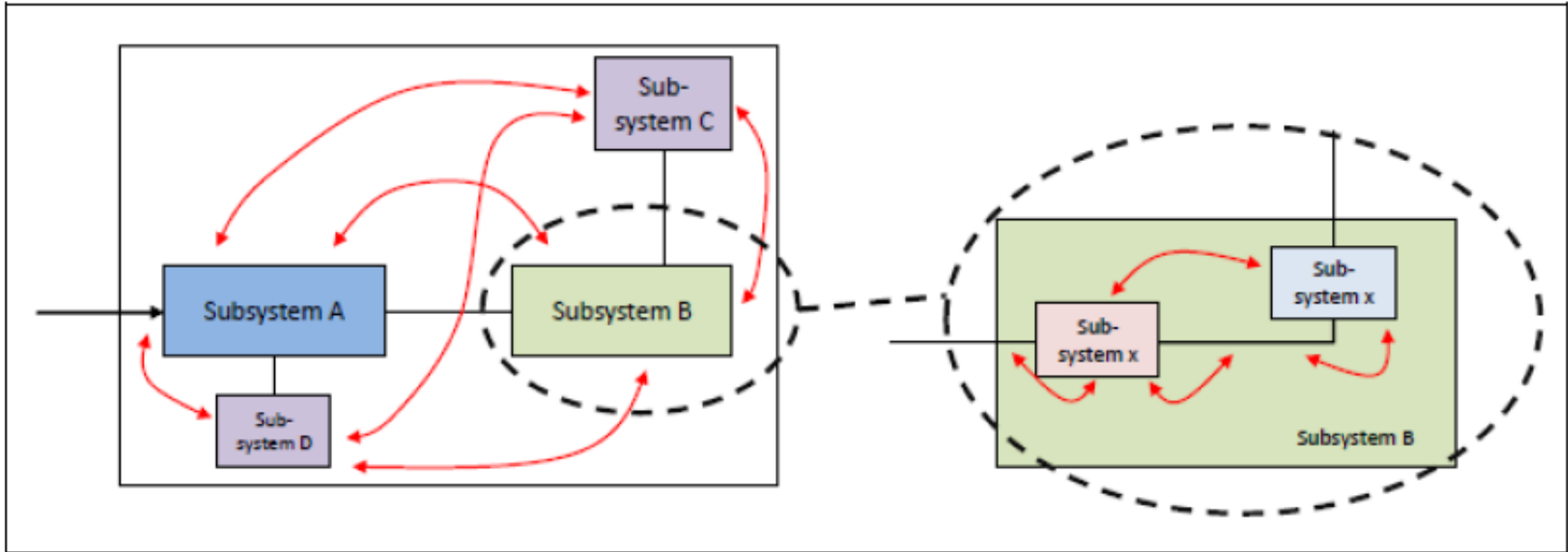
EMC compliance and ASML → How to?

Synchronize with the design flow



EMC compliance and ASML → How to?

Perform EMC risk assessment



System A

System B

ASML

Slide 10
<Date>



Confidential

EMC compliance and ASML → How to?

Anyone able to fit this in his/ her “clean room compatible” FAR/ SAR?

ASML

Slide 11
<Date>



Brion Tachyon
Computing platform



ASML NXT2000i scanner



ASML PAS 5500 D Wafer stepper

System dimensions & dangers

Power, water, gas requirements

- Up to 1,5 MW of consumed power for our largest systems
(Some modules require up to 300+ A per phase (@400 V))
- (Cooling) water of various temperatures and electrical conductivity
- Gas requirements:
 - CDA , XCDA, XCHA
 - H_2 , N_2 , CO_2 , F_2 , Ar, He, Kr



Work permit

ASML

Permit to Work → → D&E and Research

Work permit number:

| 1) Request activities <small>(fill in according to paragraph)</small> Location (If outdoor activities add outdoor plan) Building no.: Room no.: Describe activities: Way of working: <input type="checkbox"/> assemble/disassemble hydrogen installation <input type="checkbox"/> assemble/disassemble chemical installation <input type="checkbox"/> assemble/disassemble gas installation <input type="checkbox"/> assemble/disassemble electrical installation <input type="checkbox"/> assemble/disassemble fire alarm system / gas alarm installation <input type="checkbox"/> assemble/disassemble gasometer measurement system welding/cutting on gasometer pipe portable gas welding lifting/lifting enter enclosed areas ground/earth activities works on height > 2.5m activities on safety systems etc. Others, namely: | 2) Measures from providing department <small>(fill in by provider)</small> Risk identification Are for the sign on activities/work instructions available and are these sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No Increase there are no work instructions available or not sufficient, a risk analysis is mandatory. Add this to this risk analysis done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a. Which (chemical) product contains or has these equipment / piping contained? IBC/UG (product information sheet number: Effect on nearby activities? | 3) Measures from permit holder <small>(fill in by applicant)</small> Work instruction / Risk analysis Is the work instruction added as supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a. Is the risk analysis added as supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n.a. Need corrective actions <input type="checkbox"/> Cover floors/boards/planks <input type="checkbox"/> Enclose open floors/boards/rails <input type="checkbox"/> Enclose work area <input type="checkbox"/> Place span shield <input type="checkbox"/> Place laser protection shield <input type="checkbox"/> Place manhole/buddy fire watcher <input type="checkbox"/> Communication equipment such as: <input type="checkbox"/> Fire protection equipment such as: <input type="checkbox"/> Extra area for falling danger: <input type="checkbox"/> Educt exhaust / ventilation <input type="checkbox"/> Others, namely: | 4) Confirmation Risk category: (fill supplement risk analysis table) <input type="checkbox"/> Medium <input type="checkbox"/> Low Remark: When the risk category is high or medium, permit need to be signed by government manager and/or co-signatory Are column 1, 2 & 3 all right? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Firm: Phone: Signature: Date: Signature: Permit also reviewed by: <input type="checkbox"/> n.a. Co-signatory Name: Firm: Phone: Signature: Date: Signature: The activities can be done safe and the corrective actions are discussed with the work permit holder The work permit is valid from: Start date: Time: Each work permit expires automatically after one week of the start date or by an incident which occurs in the same area / form (with a medium risk a maximum 7 day valid) Collective closure work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: Name: Function: Phone: Signature: Date: Signature: Agree with the compliance and/or care for the executing according to the work permit requirements Holder: Name: Firm: Phone: Signature: Date: Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|--|---------------------------|--|-------------|--|---------------|--|----|--|-----|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Use tools/equipment/vehicles: Planned start date: Time: Planned end date: Time: Planned number workmat: | Special operational attitudes: Gas measurements <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">201908</th> <th colspan="2">201909</th> <th colspan="2">201910</th> <th colspan="2">201911</th> <th colspan="2">201912</th> </tr> <tr> <th colspan="2">only gas measurer present</th> <th colspan="2">Oxygen (O2)</th> <th colspan="2">Hydrogen (H2)</th> <th colspan="2">CO</th> <th colspan="2">CH4</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | 201908 | | 201909 | | 201910 | | 201911 | | 201912 | | only gas measurer present | | Oxygen (O2) | | Hydrogen (H2) | | CO | | CH4 | | | | | | | | | | | | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Need Extra personal protection equipment <input type="checkbox"/> Face shield / safety glasses <input type="checkbox"/> Laser glasses namely A OD <input type="checkbox"/> Ear protection <input type="checkbox"/> Fall protection <input type="checkbox"/> Breath protection <input type="checkbox"/> Handarm protection such as: <input type="checkbox"/> Protecting clothing <input type="checkbox"/> Others, namely: | Extra requirements (fill in by provider) <input type="checkbox"/> Least testing after finishing activities: Add least test report: Others, namely: |
| 201908 | | 201909 | | 201910 | | 201911 | | 201912 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| only gas measurer present | | Oxygen (O2) | | Hydrogen (H2) | | CO | | CH4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Version: 2.0

Specialist training

EHS

High voltage/ Perform LOTO

Working at Heights

CO2 gas safety

Laser safety

Contamination risks

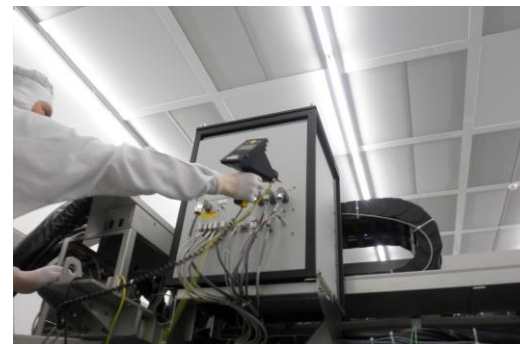
Carrying of wafers & Reticles

Working ESD safe

EMC testing at ASML

Abnormal labor circumstances → Working on heights

- ESD immunity testing on machine top side using safety harness
- ESD immunity testing above 2 m using mobile scaffolding with extended reach



EMC testing at ASML

Abnormal labor circumstances → confined spaces

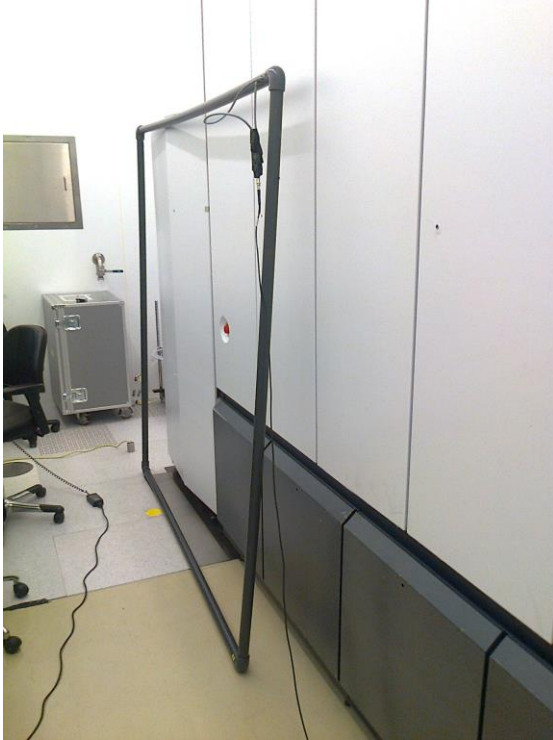
- Electrical hook up of EMC test equipment in machine mains supply cabinet
- EFT immunity testing in sub-floor space



EMC testing at ASML → Customized test tooling

PFMF testing

Magnetic field emission testing



EMC testing at ASML → Customized test tooling

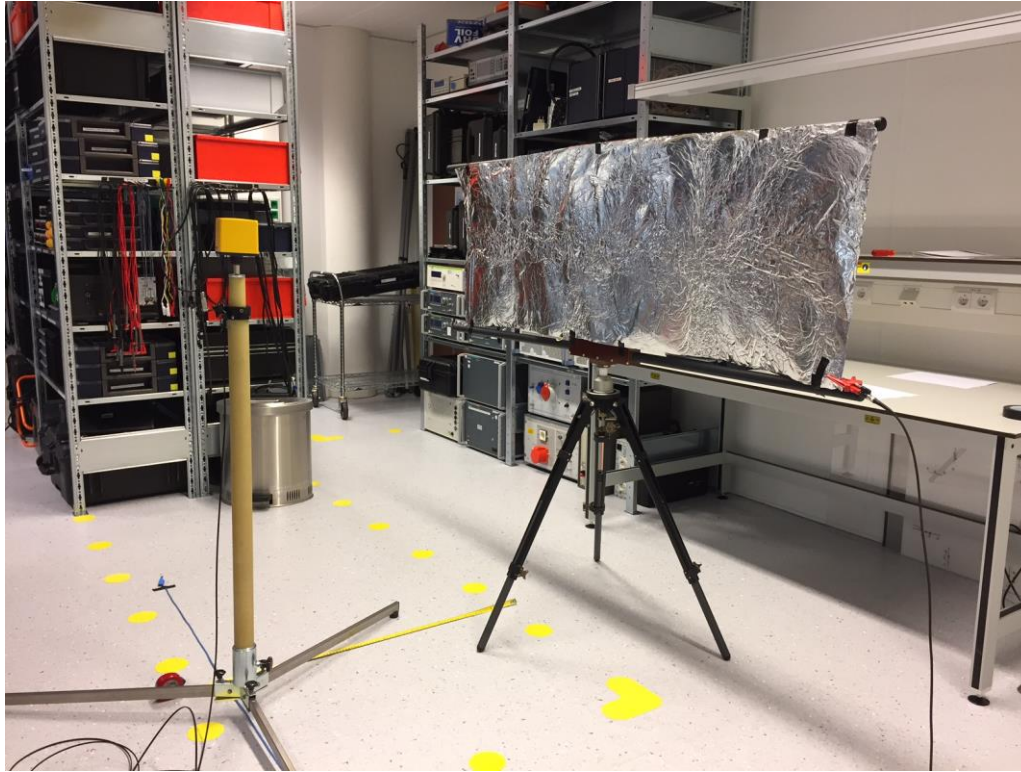
ASML

ELF E-field immunity

(← SEMI E33 →)

ELF H-field emission

Slide 17
<Date>



EMC testing at ASML → Customized test tooling

High power/ high current EFT/ Surge/ CE/ CI → 700 A filter



Not just machines → production tooling as well!

The cleanroom “mammoet” vehicle



32 Wheels

20 tonnes payload

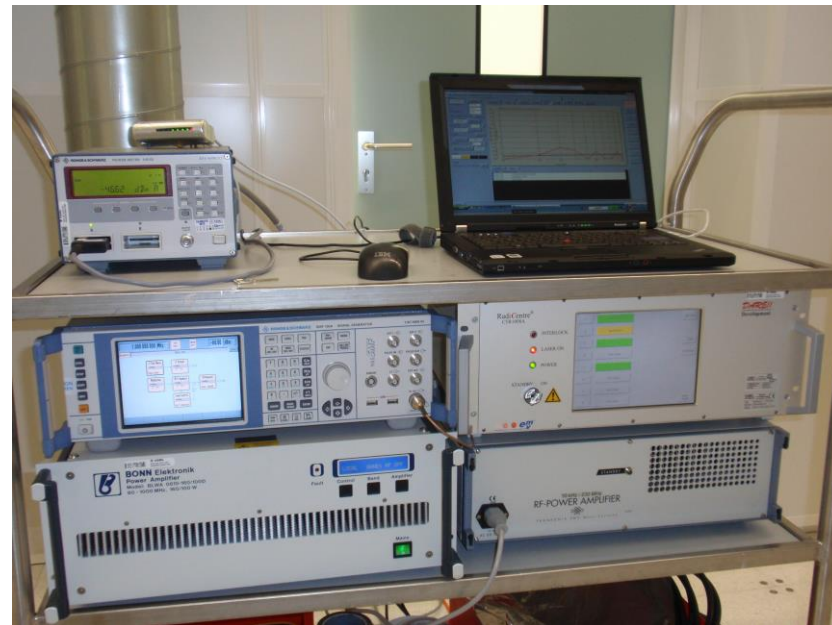
1 operator

2 assistants

Wireless operation

How about the cleanroom itself???

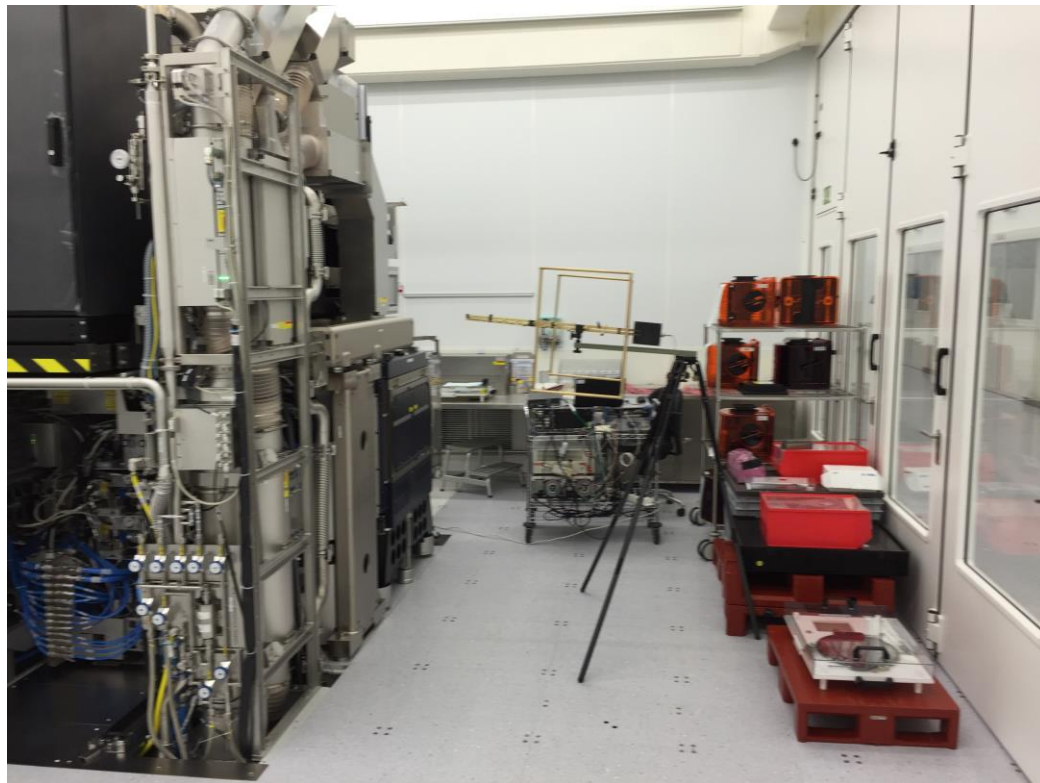
It's a Faraday cage with RF resonance capabilities



Checking for resonances using the surface current sense wire and a Radisense probe

Environmental contributions

WiFi/ GSM/ Radar/ ERT pagers/ Cranes/ RFID tag reader/ other systems



Each test:

Step 1 Environmental scan

Step 2 EUT + ENV scan

Step 3 Result step 2 – result step 1

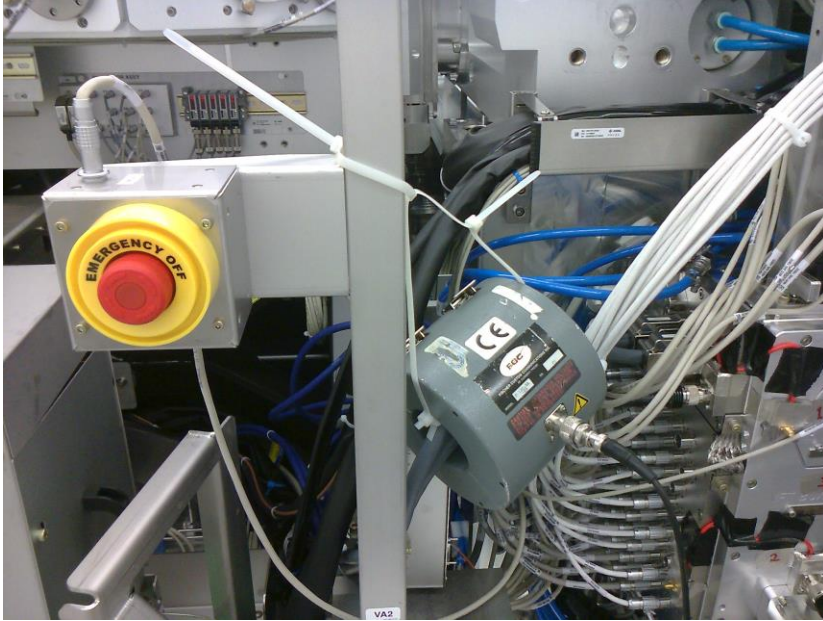
Step 4 Final scan

A laborious effort!!!

(and don't forget your work permit...)

EMC testing at ASML...

Improvisation challenge accepted!!!



The image features the ASML logo in a bold, dark blue, sans-serif font. The logo is positioned on the left side of the frame. The background is a light blue gradient with abstract, flowing white lines that create a sense of movement and depth. The lines start from the bottom left and curve upwards and to the right, eventually fading into the background.

ASML