|  |  |
| --- | --- |
|   | Facilities Services |

**Utility Shutdown Request**

NOTE: A minimum of **FIVE** working days’ notice is preferred for Shutdown Requests. Once completed return this form to the Work Control center located at 520 Boston Ave.

## Requestor Information

First Name Last Name Phone Number

  

E-Mail Address



## Contractor on Site During Shutdown

First Name Last Name Phone Number

  

Project Number Project Name

 

|  |  |  |  |
| --- | --- | --- | --- |
| **Work to be performed**: | [x]  Maintenance | [x]  Service/Repair | [ ]  New Installation |

Shutdown request Details - Request permission to shutdown the following utility (ies) and/or equipment:

|  |  |  |
| --- | --- | --- |
| [ ] Acid Waste | [ ] Electrical - 4160 VAC | [ ] HVAC |
| [ ] Chilled Water S/R | [ ] Electrical - 13,800 VAC | [ ] Heating Hot Water S/R |
| [ ] Compressed Air (Lab Or Control) | [ ] Electrical - Emergency Power | [ ] Lab. Vacuum |
| [ ] Domestic Cold Water | [ ] Fire Alarm | [ ] Ro Water |
| [ ] Domestic Hot Water S/R | [ ] Fire Alarm Testing | [ ] Sanitary Waste |
| [ ] Electrical - 120/208 VAC | [ ] Fire Sprinklers | [ ] Steam/Condensate |
| [ ] Electrical - 277/480 VAC | [ ] Gas |  |

Building or Area Name



Building(s) Affected:



Date and Time of Shutdown: Date and Time Restored:

 

Reason for Shutdown: Impact on Building and Occupants:

 

Must have all Signatures to proceed:

|  |  |
| --- | --- |
| Project Manager Signature:  | Contractor Signature:  |
| Facilities Signature: | Facilities Technical Services Signature: |