|  |  |
| --- | --- |
|  | 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**: | Maintenance | 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: |