

## **Utility Shutdown Request**

NOTE: A minimum of **FIVE** working days' notice is preferred for Shutdown Requests. Once completed, please scan this form and **email it to Facilitiesshutdownreq@tufts.edu** (or bring it to the Work Control center located at 520 Boston Ave).

| Requestor Information                |                           |  |                           |
|--------------------------------------|---------------------------|--|---------------------------|
| First Name                           | Last Name                 | Phone I                                  | Number                    |
|                                      |                           |  |                           |
| E-Mail Address                       |                           |  |                           |
|                                      |                           |  |                           |
| <b>Contractor on Site During Shu</b> | tdown                     |  |                           |
| First Name                           | Last Name Pho             |  | Number                    |
|                                      |                           |  |                           |
| Project Number                       | Project Name              |  |                           |
|                                      |                           |  |                           |
| Work to be performed:                | ☐ Maintenance             | ☐ Service/Repa                           | nir                       |
| Shutdown request Details - Rec       | luest permission to shutd | own the following utilit                 | v (jes) and/or equipment: |
| □Acid Waste                          | □Electrical - 4           |  | ☐HVAC                     |
| □Chilled Water S/R                   | □Electrical - 1           | 3,800 VAC                                | ☐ Heating Hot Water S/R   |
| ☐Compressed Air (Lab Or Control)     |                           | Emergency Power                          | ☐Lab. Vacuum              |
| □Domestic Cold Water                 | ☐Fire Alarm               | •  | □Ro Water                 |
| □Domestic Hot Water S/R              | ☐Fire Alarm 7             | Testing                                  | ☐Sanitary Waste           |
| □Electrical - 120/208 VAC            | ☐Fire Sprinklers          |  | ☐Steam/Condensate         |
| □Electrical - 277/480 VAC            | $\Box$ Gas                |  |                           |
| Building or Area Name                |                           |  |                           |
| Building(s) Affected:                |                           |  |                           |
| Date and Time of Shutdown:           |                           | Date and Time Restored                   | 1.                        |
| Date and Time of Shutdown.           |                           | Date and Time Restored                   |                           |
| Reason for Shutdown:                 |                           | mpact on Building and                    | Occupants:                |
| neason for Shataown.                 |                           | impact on building and                   | Оссиринся.                |
| Must have all Signatures to proceed: |                           |  |                           |
| Project Manager Signature:           |                           | ntractor Signature:                      |                           |
|                                      |                           |  |                           |
| Facilities Signature: F              |                           | Facilities Technical Services Signature: |                           |