

Shutdown Impact

Emergency/Urgent Shutdowns – complete all fields with an asterisk *

General Information

To be complete by requestor

*Shutdown Type:

- Emergency/Urgent
- Maintenance (minimum 5 working days notice)
- Project (minimum 7 working days notice)

General Description:

(purpose, abatement, estimated duration, requested dates, etc.)

Shutdown Initiator:

*Name: _____

Company: _____

*Phone Number: _____

Email Address: _____

*Initiation Date: _____

*WO Information:

- Existing WO# _____
- Project FP# _____
- New WO required

Supporting Information

To be complete by Supervisor (Emergency/Project shutdown) or Maintenance Planner (Maintenance shutdown)

*Detailed Description of Shutdown:

*Shutdown Duration ____ hrs

Estimated Hours By Shop:

Carpentry _____	Gen Main _____	Refrigeration _____
Controls _____	Labourers _____	Sheetmetal _____
Elec Main _____	Millwright _____	Steam _____
Elec Cons _____	Plumbing _____	

*Impacted Area(s):

Building(s) _____

Floor(s) _____

Room(s) _____

Attach shaded floor plan if more than one room impacted

*Safety:

- Lock out/Tag out
- Fumehood Containment
- Other _____

*Impacted Systems:

- | | |
|---|---|
| <input type="checkbox"/> Normal Power | <input type="checkbox"/> Hydraulics |
| <input type="checkbox"/> Emergency Power | <input type="checkbox"/> Building Heating |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Building Cooling |
| <input type="checkbox"/> Domestic Water | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Fumehood Exhaust | <input type="checkbox"/> Life safety |
| <input type="checkbox"/> Other _____ | |

Attachments:

- Shaded Impact Zones
- Single-lines
- Panel Directories
- Other _____

*Impact Defined by:

Name: _____ Date: _____

Customer Confirmation

To be completed by Zone Manager

Customers Contacted:

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

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Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Customer Preferred Dates:

Preference 1

Date _____

Start Time _____

Preference 2

Date _____

Start Time _____

Preference 3

Date _____

Start Time _____

Customer Confirmation by:

Zone Manager: _____ Date: _____