

Shutdown Notification

The purpose of a Shutdown Notification is to provide the tenants of a building with adequate notice for the temporary disruption of a building related service. This form is to be used by a Maintenance Planner or PM to coordinate the shutdown of a service in circumstances when the shutdown will impact tenants of a building.

Shutdown Request Information

To be completed by Project Manager (PM), Maintenance Planner (MP), or University Contract Authority (CA)

Building: _____

Rooms: _____

Scope of Project Requiring the Shutdown: _____

System that needs to be shut down: _____

Schedule Constraints: _____

Required Duration of Shutdown: _____

Shutdown Requestor (PM/MP/CA):

Name: _____

Phone Number: _____

Email Address: _____

Date: _____

WO Information:

Existing WO# _____

Project FP# _____

New WO req'd _____

Shutdown Impact Information

To be completed by O&M Reactive Assistant Manager or delegate

Detailed Impact of Shutdown:

Impacted Area(s): (attach shaded floor plan if more than one room impacted)

Building(s) _____

Floor(s) _____

Room(s) _____

Safety Control:

Lock out/Tag out

Fumehood Containment

Other _____

Impacted Systems:

Normal Power

Emergency Power

Steam

Domestic Water

Fumehood Exhaust

Other _____

Hydronics

Building Heating

Building Cooling

Ventilation

Life safety

Attachments:

Shaded Impact Zones

Single-lines

Panel Directories

Other _____

Impact Defined by:

Name: _____

Date: _____

Tenant Confirmation

To be completed by SBA (or PM/MP/CA if no SBA)

Tenants Contacted:

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Tenants Contacted by: _____ Date: _____

Shutdown Confirmation

To be coordinated by PM/MP/CA

Confirmed Shutdown Date: _____ Time: _____

Confirmed Service Reinstatement Date: _____ Time: _____

Project Manager/Maintenance Planner: _____

Corrective Maintenance/Operations
Manager, Electrical Inspector or Contractor: _____

SBA (if involved): _____