Planned Outage and Interruption Request

Work Owner _____ Organization _____ Phone _____

Onsite Contact	:	Phone						
Project #		Customer Request WO Number						
Select Interruption Type:								
		Building Access Control		Elevator		Laboratory Utility		Sanitary Sewer
Building System Outage or Space Closure		Electric Power		Heating Ventilation & A/C (HVAC)		Natural Gas		Domestic Water
(Only if part of a building is out, Check all that apply)		Building Space/Entrances/ Occupant Flow		Telephone/IT		Fumehood		Cooler/Freezer
out, eneck an enacuppry)		Emergency Power (Life Safety Approval required)		Other (Explain below)				
Utility Outage		Electric Power		Natural Gas		Sewer from Building		Domestic Water
(If entire building is out)		Hot Water (Central Plant)		Chilled Water (Central Plant)		Steam (Central Plant)		Other (Explain Below)
		Roadway		Sidewalk		Bike Lane		Waste Receptacle
Outside Closures		Parking Spaces		ADA Facilities		Traffic Signal		Other (Explain below)
Life Safety System Outage (Required any time system		Fire Alarm		Fire Suppression System and/or Fire Pump		Special Hazards Range Hood		Fire Hydrant
or components are taken out of service)		Fire watch required? Yes or (Determined by Risk Management & S Engineer)						
Life Safety Notifications		Annual Fire Alarm Test and Inspection		Fire Suppression System Testing		Fire Alarm System Testing		Fire Alarm System Download
Notifications		Unplanned Outage		Preventative Maintenance		Risk Mgt. & Safety Inspection		Other (Explain below)
Description of Work Activity								
suilding(s) or Location(s) Affected								
pecific Space Affected (Room Numbers)								
low are the building clients or University stakeholders affected? What will they notice?								
chedule: tart Date:	Start	Time:End Da	te:		End Ti	me:		

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Planned Outage and Interruption Request

Planning Reviews (Per Review Matrix):

Organization	Review Required?	Reviewer	Review Date
Maintenance Zone Manager or Supervisor			
Utility Supervisor			
Others as Needed			

Client Approvals (Per Approval Matrix):

Organizations Affected by Work, Interruption, or Outage						
Client	Building(s)	Key Contact	Approval Date			

Facilities Management Approvals (Per the Approval Matrix)

			F	acilitie	s Managemo	ent			
Maintenance			Utility and Energy				Design & Construction		
Approval Required?	Approved By:	Date	Appro Require		Approved By:	Date	Approval Required?	Approved By:	Date
Campus	Services/Land	dscape							
Approval Required?	Approved By:	Date							
	For Life Safety Systems								
University Engineer			Risk Management and Safety						
Approval Required?	Approved By:	Date	Approval Required?		Approved By:	Date			
Work Management									
Received By: Date		Received Time Received		Date N	otice Issued	Time Issued			

Work Owner Signature:_	Tyler Hand	Date
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From: Donald Jackson
To: Tyler Hand

Cc: Bob Hix; Nolan Yon; Brian Platt; CJ McKee; Adam Dabbs

Subject: RE: 24-374 - Alumni Center 232 and 244 - FA Test

Date: Tuesday, April 29, 2025 2:44:50 PM

I approve

Don Jackson



Donald Jackson

Alumni Center Facilities Manager, CEFP 317 S. College Street Auburn, AL 36849

Cell: 334 703 6405

From: Tyler Hand <tyler.hand@auburn.edu>

Sent: Tuesday, April 29, 2025 2:43 PM

To: Donald Jackson <dlj0022@auburn.edu>

Cc: Bob Hix <hixjame@auburn.edu>; Nolan Yon <yonbenj@auburn.edu>; Brian Platt

 $<\!brianplatt@skcconstructionus.com\!>; CJ McKee <\!cjmckee@skcconstructionus.com\!>; Adam Dabbs$

<adabbs@etiga.com>

Subject: 24-374 - Alumni Center 232 and 244 - FA Test

Don,

See the attached outage for the FA Test.

Let me know if you approve.

Thanks,

Tyler Hand

Project Manager, Construction Management **Auburn University Facilities Management**

1161 W Samford Ave, Building One Auburn University, AL 36849

C: 334-703-2517 | tyler.hand@auburn.edu