Planned Outage and Interruption Request

Work Owner _____ Organization _____ Phone _____

Onsite Contact	:Phone	·						
Project #	Custon	ner Request	WO Number	WO Number				
Select Interruption Type:								
	Building Access Control	Elevator	Laboratory Utility	Sanitary Sewer				
Building System Outage or Space Closure	Electric Power	Heating Ventilat A/C (HV	ion & Natural Gas	Domestic Water				
(Only if part of a building is out, Check all that apply)	Building Space/Entrances/ Occupant Flow	Telepho	ne/IT Fumehood	Cooler/Freezer				
- 3-, 3.155. dii dide dppi))	Emergency Power (Life Safety Approval required	Other d) (Explain	below)					
Utility Outage	Electric Power	Natural	Gas Sewer from Building	Domestic Water				
(If entire building is out)	Hot Water (Central Plant)	Chilled \((Central I	Water Steam	Other (Explain Below)				
	Roadway	Sidewall	k Bike Lane	Waste Receptacle				
Outside Closures	Parking Spaces	ADA Fac	ilities Traffic Signal	Other (Explain below)				
Life Safety System Outage (Required any time system	Fire Alarm	Fire Suppres System : Fire Pun	and/or Range Hood	Fire Hydrant				
or components are taken out of service)		Fire watch required? Yes or No (Determined by Risk Management & Safety and University						
Life Safety Notifications	Annual Fire Alarm Test an Inspection	d Fire Suppres System	System Lesting	Fire Alarm System Download				
Notifications	Unplanned Outage	Prevent Mainter		Other (Explain below)				
Description of Work Activity								
Building(s) or Location(s) Affected								
Specific Space Affected (Room Numbers)								
How are the building clients or University stakeholders affected? What will they notice?								
Schedule: Start Date:Start Time:End Date:End Time:								

Page 1 of 3 R7 7/31/2021

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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	es Manageme	ent			
Maintenance		Utility and Energy		Design & Construction					
Approval Required?	Approved By:	Date	Approv Require		Approved By:	Date	Approval Required?	Approved By:	Date
Campus	 s Services/Land	dscape							5/2/
Approval Required?	Approved By:	Date							
			F	or Life	Safety Syste	ms			
Uni	versity Engine	er			gement and S				
Approval Required?	Approved By:	Date	Approval Required?		Approved By:	T			
	Bob Hix								
				Work	Managemen	t			
Rec	eived By:	Date	Received	Time	e Received	Date N	lotice Issued	Time Issue	d

	Nikki Washington		
Work Owner Signature:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	

Page 2 of 3 R7 7/31/2021

Planned Outage and Interruption Request

Form Purpose

This form is required any time a planned outage, space closure or outside facility closure is needed. The intent is to document approval and provide the information necessary for concise communication of these events to the campus and others with need to know. It is also used to provide information necessary to communicate unplanned outages, Preventative Maintenance activities, and other events to the campus community.

The Work Owner is responsible for planning and scheduling the outage or closure, obtaining the necessary approvals, and submitting the completed form to Work Management. Work Management will then issue the communication to the appropriate campus stakeholders.

Information and Instructions

- 1. **Work Owner** –Individual responsible for conduct of the work requiring the interruption or outage. Include Auburn University Organization and cell phone number.
- 2. **Onsite Contact** Individual directly responsible for the conduct of the work and typical will be on site during implementation. Include cell phone number.
- 3. **Project Number –** Auburn University Facilities project number if applicable
- 4. **Customer Request-** AiM Request number if applicable.
- 5. **WO Number –** AiM work order number if applicable.
- 6. **Interruption Type** Select the system, component or space type that will be interrupted and out of service. Select all that apply, however if a utility outage is selected and the entire building will be interrupted do not select individual building systems. As example, do not select HVAC in a building if electric power will be off to the entire building.
- 7. **Life Safety System Outage-** Required if a life safety system or system component is is taken out of service, or if any other system (domestic water, electric power) is taken out of service and prevents life safety system from functioning. Outages on life safety system require approval of Risk Management and Safety and University Engineer. They will determine if a fire watch will be required.
- 8. **Life Safety Notifications -** Used to communicate to building occupants and others when listed activities are taking place. No review or approval required.
- 9. **Notifications -** Used to communicate unplanned outages to campus. Can also be used to communicate Preventative Maintenance activities, Risk Management and Safety Inspections and Other activities as needed.
- 10. **Description of Work Activity –** Describe specifically what work will be performed during the outage.
- 11. **Building(s)** or Location(s) Affected List all buildings affected using official university name. If outside space describe the location of the activity including buildings that will be directly impacted if necessary.
- 12. **Specific Space Affected** Provide floor, room numbers, or area of the building that will be affected.
- 13. How are the building clients or University stakeholders affected? What will they notice? Provide sentence on the specific impact of the outage and describe what University stakeholders will notice.
- 14. Schedule Provide start and estimated end dates and times
- 15. **Planning Reviews** Discussions conducted with designated individuals during the planning and scheduling phase of the outage or interruption. The review matrix defines the minimum reviews required, additional reviews may be required depending on the nature of the work. No signature or hard approval documentation is required for reviews.
- 16. Client Approvals Obtain approval of Key Contact of all organizations with assigned space in affected buildings or in buildings near the work. Client approval can be documented with e mail or signature on the form. On short notice outages, verbal client approval is acceptable.
- 17. **Facilities Management Approvals** Obtain necessary approval based on the type of outage and the required approvals from the approval matrix.
- 18. Work Manager Signature Sign and date the form and submit to Work Management

Page 3 of 3 R7 7/31/2021

From: <u>Juan Rodriguez</u>

To: Bob Hix; Nikki Washington; Douglas Martin; Nolan Yon

Cc: Ben Matthes; Josh Conradson; Philip Johnson; Joe Lewis; Ryan Simmons

Subject: Re: 23-239 SRRC B / Fire Alarm (DOAS shut off) Testing

Date: Friday, May 2, 2025 4:14:15 PM

I approve on behalf of Doug and SRRC.

Juan A. Rodriguez
Lab & Building Manager
Scott-Ritchey Research Center
AU-College of Vet Med

From: Bob Hix <hixjame@auburn.edu> Sent: Friday, May 2, 2025 3:57:37 PM

To: Nikki Washington <cmw0174@auburn.edu>; Douglas Martin <martidr@auburn.edu>; Nolan Yon

<yonbenj@auburn.edu>

Cc: Ben Matthes <Ben@matthesparker.com>; Josh Conradson <conrajr@auburn.edu>; Philip Johnson <pcj0003@auburn.edu>; Juan Rodriguez <juan.rodriguez@auburn.edu>; Joe Lewis <lewisbi@auburn.edu>; Ryan Simmons <rsimmons@matthesparker.com>

Subject: RE: 23-239 SRRC B / Fire Alarm (DOAS shut off) Testing

Approved

Bob Hix, P.E.

C: 334-740-8247 | bobhix@auburn.edu

From: Nikki Washington <cmw0174@auburn.edu>

Sent: Friday, May 2, 2025 3:41 PM

To: Douglas Martin <martidr@auburn.edu>; Bob Hix <hixjame@auburn.edu>; Nolan Yon <yonbenj@auburn.edu>

Cc: Ben Matthes <Ben@matthesparker.com>; Josh Conradson <conrajr@auburn.edu>; Philip Johnson <pcj0003@auburn.edu>; Juan Rodriguez <juan.rodriguez@auburn.edu>; Joe Lewis <lewisbi@auburn.edu>; Ryan Simmons <rsimmons@matthesparker.com>

Subject: 23-239 SRRC B / Fire Alarm (DOAS shut off) Testing

Dr. Martin, Bob:

We are requesting a Fire Alarm test/outage (to confirm the DOAS shuts off when smoke is near) on May 5, 2025 from 1 pm to 1:15 pm at Scott Ritchey Building B.

Outage form attached. An email approval is all that is needed for me to submit the outage.

Thanks in advance.

Nikki Washington, LEED AP

From: Bob Hix

To: <u>Nikki Washington; Douglas Martin; Nolan Yon</u>

Cc: Ben Matthes; Josh Conradson; Philip Johnson; Juan Rodriguez; Joe Lewis; Ryan Simmons

Subject: RE: 23-239 SRRC B / Fire Alarm (DOAS shut off) Testing

Date: Friday, May 2, 2025 3:57:39 PM

Approved

Bob Hix, P.E.

C: 334-740-8247 | bobhix@auburn.edu

From: Nikki Washington <cmw0174@auburn.edu>

Sent: Friday, May 2, 2025 3:41 PM

To: Douglas Martin <martidr@auburn.edu>; Bob Hix <hixjame@auburn.edu>; Nolan Yon

<yonbenj@auburn.edu>

Cc: Ben Matthes <Ben@matthesparker.com>; Josh Conradson <conrajr@auburn.edu>; Philip Johnson <pcj0003@auburn.edu>; Juan Rodriguez <juan.rodriguez@auburn.edu>; Joe Lewis <lewisbi@auburn.edu>; Ryan Simmons <rsimmons@matthesparker.com>

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Thanks in advance.

Nikki Washington, LEED AP

Project Manager – Construction Management
Auburn University Facilities Management
1161 W Samford Ave, Auburn University, AL 36849
C: 334.740.9654 | nikki.washington@auburn.edu