# **Planned Outage and Interruption Request**

Work Owner \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Onsite Contact	:	Phone						
Project #		Customer Rec	quest	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, eneak an ener appry,		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 or components are taken out of service)		Fire Alarm		Fire Suppression System and/or Fire Pump		Special Hazards Range Hood		Fire Hydrant
		Fire watch required? Yes or No (Determined by Risk Management & Safety and University 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								
Building(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 Date:End Time:								

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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	es Manageme	nt				
Maintenance			Utility and Energy				Design & Construction			
Approval Required?	Approved By: Josh	Date	Approv Require		Approved By:	Date	Approval Required?	Approved By:	Date	
	Conradso	n								
Campus Services/Landscape		dscape								
Approval Required?	Approved By: Dee	Date								
	Sneed									
			F	or Life	Safety Syste	ms				
University Engineer			Risk Management and Safety							
Approval Required?	Approved By:	Date	Approval Required?		Approved By:	Date				
				Work	Managemen	t				
Received By: Date		Date	Received	Time Received		Date Notice Issued		Time Issued		

Work Owner Signature	Date
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### **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

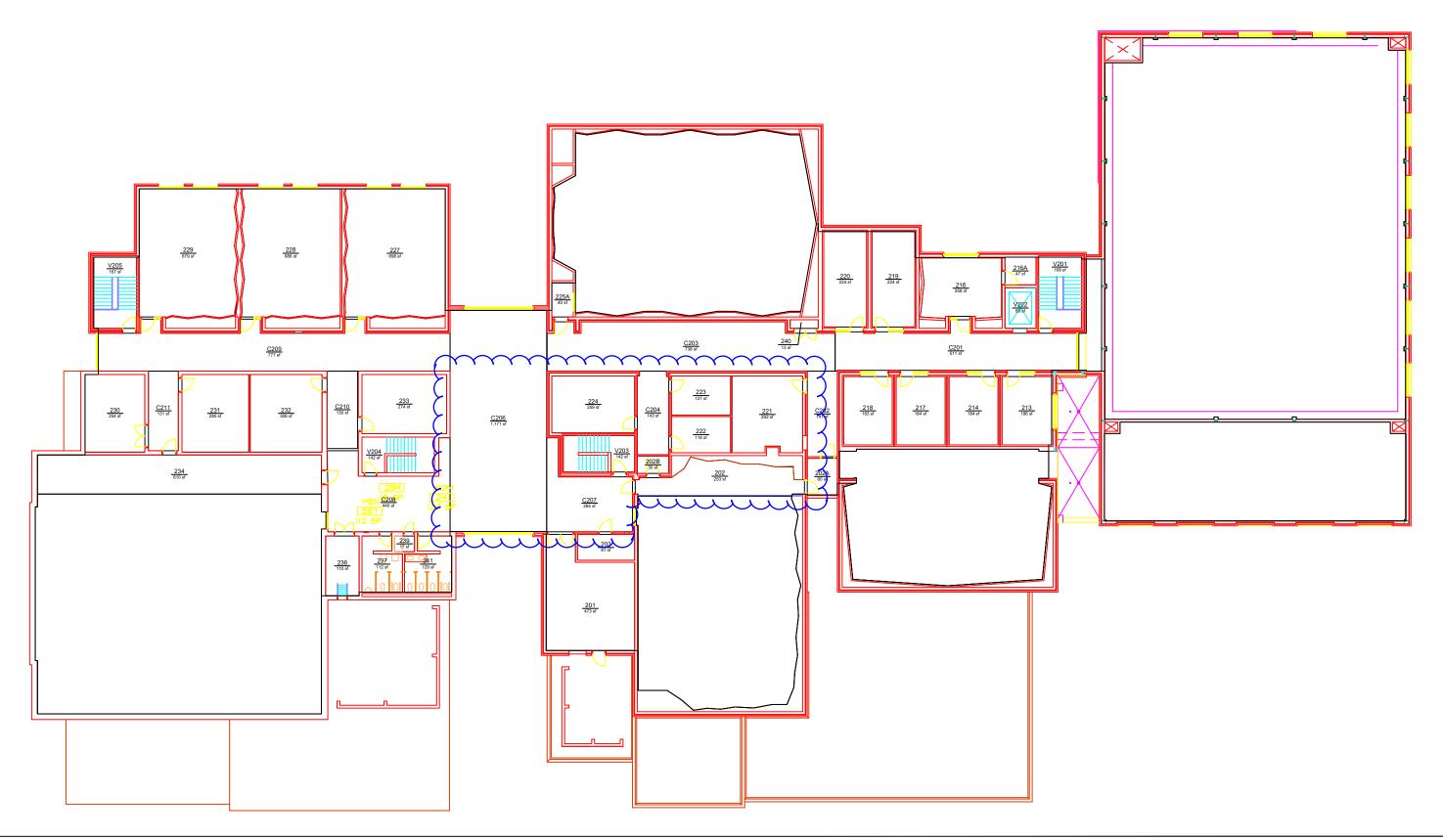
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BASE FLOOR PLAN
GOODWIN HALL
LEVEL: 01

Report Created By: Ellen Doyle Report Date: 05/13/2025





BASE FLOOR PLAN
GOODWIN HALL
LEVEL: 02

Building No.: AA\_V0802

File Name: AA V0802 02 Last Export: 06/04/2023

Report Created By: Ellen Doyle Report Date: 05/13/2025 From: Patricia James

To: <u>Josh Conradson</u>; <u>Douglas Rosener</u>; <u>Trammell Starks</u>

Cc: <u>Matthew Wagner</u>; <u>Scott McClure</u>

Subject: RE: Goodwin Hall, 2nd Floor Air Handlers - Discuss Shutdown for Acoustics Study

**Date:** Wednesday, June 11, 2025 9:40:48 AM

I approve. Thank you, Patricia

From: Josh Conradson <conrajr@auburn.edu> Sent: Wednesday, June 11, 2025 9:25 AM

**To:** Patricia James <pmr0015@auburn.edu>; Douglas Rosener <rosendb@auburn.edu>; Trammell

Starks <tls0068@auburn.edu>

**Cc:** Matthew Wagner <mhw0007@auburn.edu>; Scott McClure <mccluws@auburn.edu> **Subject:** RE: Goodwin Hall, 2nd Floor Air Handlers - Discuss Shutdown for Acoustics Study

Patricia,

I am attaching an outage for Goodwin Hall after our meeting with Doug and Trammell yesterday.

We are planning an HVAC outage the morning of June 24<sup>th</sup> to measure potential impacts to the Recording Studio from the AHU's.

Can we get your approval on this outage?

Thank you,

### Joshua R. Conradson, M.Ed, PMP, CEFP

Director of Maintenance

**Auburn University Facilities Management** 

1161 W Samford Ave, Auburn University, AL 36849

C: 334-740-8218 | conrajr@auburn.edu

-----Original Appointment-----

From: Matthew Wagner < <a href="mailto:mhw0007@auburn.edu">mhw0007@auburn.edu</a>>

**Sent:** Monday, June 2, 2025 1:53 PM

**To:** Matthew Wagner; Josh Conradson; Scott McClure; Douglas Rosener; Trammell Starks **Subject:** Goodwin Hall, 2nd Floor Air Handlers - Discuss Shutdown for Acoustics Study

**When:** Tuesday, June 10, 2025 9:00 AM-10:00 AM (UTC-06:00) Central Time (US & Canada).

Where: Microsoft Teams Meeting

Discussion amongst FM and CLA music dept. about shutting down the air handlers in rm 201

sometime during the week of June 23 so that acoustical testing can be completed. The purpose of this test is to determine which air handler (or both) are contributing unwanted frequencies/tones inside the recording studio.

Microsoft Teams Need help?

# Join the meeting now

Meeting ID: 275 296 021 946 1

Passcode: JB7jF9k4

### Dial in by phone

<u>+1 205-506-2288,,297119290#</u> United States, Birmingham

Find a local number

Phone conference ID: 297 119 290#

For organizers: Meeting options | Reset dial-in PIN



Org help | Privacy and security

From: Shane Johnson
To: Josh Conradson

Subject: Re: Goodwin Hall AHU 1 and 2 (Room 201) Outage Request

**Date:** Wednesday, June 11, 2025 9:26:32 AM

I approve.

### **Shane Johnson**

Supervisor Zone 3

Auburn University Facilities Management C: 334-734-1601 l johnsha@auburn.edu

From: Josh Conradson <conrajr@auburn.edu>
Sent: Wednesday, June 11, 2025 9:25 AM

**To:** Shane Johnson <johnsha@auburn.edu>; Kenneth Sullins <sullike@auburn.edu>; Dee Sneed

<deesneed@auburn.edu>

Cc: Scott McClure <mccluws@auburn.edu>; Vincent Ford <fordvin@auburn.edu>

Subject: Goodwin Hall AHU 1 and 2 (Room 201) Outage Request

All,

Music has requested that we shutdown AHU 1 and 2 in room 201 to perform audio testing in the Recording Studio.

They would like us to turn off 1, measure the room, turn off 2 (turn 1 back on) and measure the room, and then measure the room with both off.

Thank you,

### Joshua R. Conradson, M.Ed, PMP, CEFP

Director of Maintenance

**Auburn University Facilities Management** 

1161 W Samford Ave, Auburn University, AL 36849

C: <u>334-740-8218</u> | <u>conrajr@auburn.edu</u>

From: Dee Sneed

To: <u>Josh Conradson; Shane Johnson; Kenneth Sullins</u>

Cc: Scott McClure; Vincent Ford

**Subject:** RE: Goodwin Hall AHU 1 and 2 (Room 201) Outage Request

**Date:** Wednesday, June 11, 2025 10:15:36 AM

Attachments: <u>image001.pnq</u>

Campus Services approves.

Kind Regards,

Dee



Dee Sneed, MBA, CEFP Director, Campus Services Facilities Management 334-844-9120 office 334-734-1826 cell

From: Josh Conradson <conrajr@auburn.edu> Sent: Wednesday, June 11, 2025 9:26 AM

**To:** Shane Johnson <johnsha@auburn.edu>; Kenneth Sullins <sullike@auburn.edu>; Dee Sneed

<deesneed@auburn.edu>

Cc: Scott McClure <mccluws@auburn.edu>; Vincent Ford <fordvin@auburn.edu>

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