

Planned Outage and Interruption Request

Work Owner Jonathon McDonald **Organization** AUFM **Phone** 334-870-8783
Onsite Contact _____ **Phone** _____
Project # _____ **Customer Request** _____ **WO Number** 25-783837

Select Interruption Type:

Building System Outage or Space Closure <small>(Only if part of a building is out, Check all that apply)</small>	<input type="checkbox"/>	Building Access Control	<input type="checkbox"/>	Elevator	<input type="checkbox"/>	Laboratory Utility	<input type="checkbox"/>	Sanitary Sewer
	<input type="checkbox"/>	Electric Power	<input type="checkbox"/>	Heating Ventilation & A/C (HVAC)	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Domestic Water
	<input type="checkbox"/>	Building Space/Entrances/ Occupant Flow	<input type="checkbox"/>	Telephone/IT	<input type="checkbox"/>	Fumehood	<input type="checkbox"/>	Cooler/Freezer
	<input type="checkbox"/>	Emergency Power <small>(Life Safety Approval required)</small>	<input type="checkbox"/>	Other <small>(Explain below)</small>	<input type="checkbox"/>		<input type="checkbox"/>	
Utility Outage <small>(If entire building is out)</small>	<input type="checkbox"/>	Electric Power	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Sewer from Building	<input type="checkbox"/>	Domestic Water
	<input type="checkbox"/>	Hot Water <small>(Central Plant)</small>	<input type="checkbox"/>	Chilled Water <small>(Central Plant)</small>	<input type="checkbox"/>	Steam <small>(Central Plant)</small>	<input checked="" type="checkbox"/>	Other <small>(Explain Below)</small>
Outside Closures	<input type="checkbox"/>	Roadway	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>	Bike Lane	<input type="checkbox"/>	Waste Receptacle
	<input type="checkbox"/>	Parking Spaces	<input type="checkbox"/>	ADA Facilities	<input type="checkbox"/>	Traffic Signal	<input type="checkbox"/>	Other <small>(Explain below)</small>
Life Safety System Outage <small>(Required any time system or components are taken out of service)</small>	<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	Fire Suppression System and/or Fire Pump	<input type="checkbox"/>	Special Hazards Range Hood	<input type="checkbox"/>	Fire Hydrant
	<input type="checkbox"/>	Fire watch required? <input type="checkbox"/> Yes or <input type="checkbox"/> No <small>(Determined by Risk Management & Safety and University Engineer)</small>				<input type="checkbox"/>	Note:	
Life Safety Notifications	<input type="checkbox"/>	Annual Fire Alarm Test and Inspection	<input type="checkbox"/>	Fire Suppression System Testing	<input type="checkbox"/>	Fire Alarm System Testing	<input type="checkbox"/>	Fire Alarm System Download
Notifications	<input type="checkbox"/>	Unplanned Outage	<input type="checkbox"/>	Preventative Maintenance	<input type="checkbox"/>	Risk Mgt. & Safety Inspection	<input type="checkbox"/>	Other <small>(Explain below)</small>

Description of Work Activity

Pneumatic Air Compressor is down for the building.

Building(s) or Location(s) Affected

Wiggins Hall

Specific Space Affected (Room Numbers)

How are the building clients or University stakeholders affected? What will they notice?

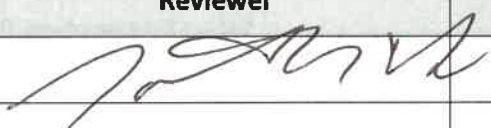
The building will not have any lab air.

Schedule:

Start Date: 6/18/25 **Start Time:** 11:45 a.m. **End Date:** 6/18/25 **End Time:** 4:00 p.m.

Planned Outage and Interruption Request

Planning Reviews (Per Review Matrix):

Organization	Review Required?	Reviewer	Review Date
Maintenance Zone Manager or Supervisor			6/18/25
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)

Facilities Management								
Maintenance			Utility and Energy			Design & Construction		
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date
Campus Services/Landscape								
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 Notice Issued		Time Issued	

Work Owner Signature: _____

Date: _____

6/18/25