

Planned Outage and Interruption Request

Work Owner _____ Organization _____ Phone _____

Onsite Contact _____ Phone _____

Project # _____ Customer Request _____ WO Number _____

Select Interruption Type:

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

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:** _____

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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)

Facilities Management								
Maintenance			Utility and Energy			Design & Construction		
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date
	<i>Scott McClure</i>							
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: *Scott McClure* Date _____

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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 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