

Planned Outage and Interruption Request

Work Owner Tyler Hand Organization AU CPM Phone 334-703-2517
 Onsite Contact Walter Daniel Phone 706-302-3129
 Project # 22-007 Customer Request _____ WO Number 24-729222

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 (Life Safety Approval required)	<input type="checkbox"/>	Other (Explain below)				
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 (Central Plant)	<input type="checkbox"/>	Chilled Water (Central Plant)	<input type="checkbox"/>	Steam (Central Plant)	<input type="checkbox"/>	Other (Explain Below)
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 (Explain below)
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>				Note: _____		
Life Safety Notifications	<input type="checkbox"/>	Annual Fire Alarm Test and Inspection	<input type="checkbox"/>	Fire Suppression System Testing	<input checked="" 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 (Explain below)

Description of Work Activity

Fire Alarm test as part of the Life Safety Test.

Building(s) or Location(s) Affected

Lowder Hall

Specific Space Affected (Room Numbers)

1st Floor

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

FA Alarm will briefly sound. Will silent audible alarm and strobe only in construction area.

Schedule: Start Date: 7/18/25 Start Time: 2:30 pm End Date: 7/18/25 End Time: 3:30 pm

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
COB	Lowder	John Hornbuckle/David Simon	7/11/25

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
No			No			Yes		
Campus Services/Landscape								
Approval Required?	Approved By:	Date						
No								
For Life Safety Systems								
University Engineer			Risk Management and Safety					
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date			
No	Bob Hix		No					
Work Management								
Received By:		Date Received	Time Received		Date Notice Issued		Time Issued	
<i>Jane Duffin</i>		7/14/25	8:14 am		7/14/25		8:25 am	

Work Owner Signature: Tyler Hand Date 7/11/25

From: [John Hornbuckle](#)
To: [Tyler Hand](#)
Cc: [David Simon](#)
Subject: Re: 22-007 - Lowder Hall Advising Suite - Fire Alarm Test
Date: Friday, July 11, 2025 1:03:05 PM
Attachments: [img-a6ed8afc-e8b4-4e62-8c16-46fbb2dba0fc\[65\]](#)
[img-fb6fbc9f-a888-4933-ad0d-7843fcb1ced7\[19\]](#)
[img-71age111-8ce0-4a22-bd83-062cc6f8be77\[31\]](#)
[img-5473d0bc-4882-4356-be4e-e6739e2e8c63\[63\]](#)

Approved.

This is in addition to the 07/18 test, correct?



John Hornbuckle, MS-MIS, PMP
Chief Information and Operating Officer
Harbert College of Business
harbert.auburn.edu



From: Tyler Hand <tyler.hand@auburn.edu>
Date: Friday, July 11, 2025 at 1:00 PM
To: John Hornbuckle <jrh0096@auburn.edu>, David Simon <simonda@auburn.edu>
Cc: Bob Hix <hixjame@auburn.edu>, Jason Matheric <jason.michael.matheric@jci.com>, Daniel Walter <wdaniel@webbconstruction.net>, Nate Webb <nate@webbconstruction.net>
Subject: 22-007 - Lowder Hall Advising Suite - Fire Alarm Test

John/David,

See the attached outage request for a Fire Alarm Test at the Advising Suite.

The audible alarm will briefly sound then it will be silent but the strobes will remain flashing for a short time.

Please respond to this email with your approval of this outage.

Tyler Hand
Project Manager, Construction Management
Auburn University Facilities Management
1161 W Samford Ave, Building One