

## Planned Outage and Interruption Request

Work Owner Jonathon McDonald Organization AUFM Phone 334-870-8783

Onsite Contact \_\_\_\_\_ Phone \_\_\_\_\_

Project # \_\_\_\_\_ Customer Request \_\_\_\_\_ WO Number \_\_\_\_\_

### Select Interruption Type:

<b>Building System Outage or Space Closure</b> <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)				
<b>Utility Outage</b> <small>(If entire building is out)</small>	<input type="checkbox"/>	Electric Power	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Sewer from Building	<input checked="" 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)
<b>Outside Closures</b>	<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)
<b>Life Safety System Outage</b> <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 &amp; Safety and University Engineer)</small>				Note:		
<b>Life Safety Notifications</b>	<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
<b>Notifications</b>	<input checked="" 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

Repair Leaking Toilet...

### Building(s) or Location(s) Affected

Walker

### Specific Space Affected (Room Numbers)

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

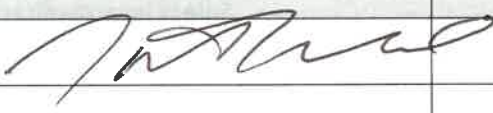
No Water until the repairs are made.

### Schedule:

Start Date: 8/12/25 Start Time: 1:15pm End Date: 8/12/25 End Time: 3:00pm

## Planned Outage and Interruption Request

### Planning Reviews (Per Review Matrix):

Organization	Review Required?	Reviewer	Review Date
Maintenance Zone Manager or Supervisor			8/12/25
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 8/12/25