

## Planned Outage and Interruption Request

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

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>	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 (Life Safety Approval required)	Other (Explain below)		
<b>Utility Outage</b> <small>(If entire building is out)</small>	Electric Power	Natural Gas	Sewer from Building	Domestic Water
	Hot Water (Central Plant)	Chilled Water (Central Plant)	Steam (Central Plant)	Other (Explain Below)
<b>Outside Closures</b>	Roadway	Sidewalk	Bike Lane	Waste Receptacle
	Parking Spaces	ADA Facilities	Traffic Signal	Other (Explain below)
<b>Life Safety System Outage</b> <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 (Determined by Risk Management & Safety and University Engineer)	Note:		
<b>Life Safety Notifications</b>	Annual Fire Alarm Test and Inspection	Fire Suppression System Testing	Fire Alarm System Testing	Fire Alarm System Download
<b>Notifications</b>	Unplanned Outage	Preventative Maintenance	Risk Mgt. & Safety Inspection	Other (Explain below)

### 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: \_\_\_\_\_

## 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)

Facilities Management								
Maintenance			Utility and Energy			Design & Construction		
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date
	Eric							
	Moore							
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			
	Bob							
	Hix							
Work Management								
Received By:		Date Received	Time Received	Date Notice Issued		Time Issued		

Work Owner Signature: \_\_\_\_\_



Date \_\_\_\_\_

Hotel and Dixon  
Conference Center

**Parking Deck - South  
College Street**

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