

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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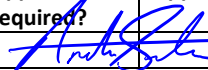
Planning Reviews (Per Review Matrix):

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
	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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