

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 (Life Safety Approval required)	Other (Explain below)		
Utility Outage <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)
Outside Closures	Roadway	Sidewalk	Bike Lane	Waste Receptacle
	Parking Spaces	ADA Facilities	Traffic Signal	Other (Explain below)
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 (Determined by Risk Management & Safety and University Engineer)	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 (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: _____

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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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