



Environmental Health and Safety Utility Shutdown Request

Project Name and Number: _____

Utility System(s) to be shut down: Electrical Gas Water HVAC Fire Alarm Fire Suppression

Proposed Date for Shutdown: _____ Proposed Time for Shutdown _____

It is requested that noted building system(s) be "shutdown" by the owner to allow for our tie-in of services for the project as enumerated below. The EH&S department requires 48 hours advance notice (as a minimum) and at least (1) week for research facilities; all shutdowns should occur during other than regular working hours. I hereby certify that the required work has been coordinated and schedule to achieve completion with the requested time period.

Description of work to be performed, including impact prevention plan (Attach to this form):

Pre-Construction Meeting required prior to shut down? Yes No / Date: _____ Time: _____

Signature of Requestor: _____ Phone #: _____

Check the box for all of the following that are required or are impacted:

- Lockout/Tagout Fire Watch Confined Space Permit Fire Alarm System Fire Suppression System
 Impacted Customer Notified: _____

Environmental Health & Safety Remarks:

Facilities Management Remarks:

Director, Environmental Health & Safety Date

Assistant Director, Facilities Management Date

Notify Physical Plant before starting work and when finished:

Name: _____ Phone #: _____

Emergency Phone Contact(s) After Hours:

Name _____ Phone #: _____

Name _____ Phone #: _____