Facilities & Services

☐ EMERGENCY

OUTAGE REQUEST FORM

3 Working Days' Notice Required, Excludes Holidays and Weekends

Today's date: _____

F&S Team Member: _____ **Contractor** (if applicable) _____

All requirements below must be met BEFORE submitting outage request form. Each box must be checked in order to proceed with request.

- ☐ If you are requesting this outage for a contractor, it is your responsibility to relay all information to the contractor.
- ☐ If the services of F&S craftsperson are required for this outage, you, as the requestor, are responsible for making those arrangements and/or initiating the appropriate work order steps.
- ☐ If exposing buried utilities, you MUST CONTACT the GIS team (217-552-7085) to capture GPS/depths.

TYPE OF OUTAGE:

- ☐ **STEAM** ☐ Total ☐ Low Pressure ☐ High Pressure ☐ Condensate
  Notify Steam Distribution BEFORE requesting this outage.
- ☐ **CHILLED WATER**
  Notify Steam Distribution, Refrigeration, and Chilled Water Production BEFORE requesting this outage.
- ☐ **VENTILATION** Which fan(s)? _____ Areas this fan serves: _____
- ☐ **HEATING** ☐ Reheat ☐ Perimeter Heat
- ☐ **COMPRESSOR** ☐ Lab ☐ Temperature Control
- ☐ **ELECTRICAL** ☐ Total ☐ Partial
  Notify Shop 25 BEFORE requesting this outage.
- ☐ **WATER** ☐ Total ☐ Partial ☐ Deionized Water (DI)
  Notify Water Station BEFORE requesting this outage. If this is a total water outage where the water is shut off outside the building then a BOIL ORDER IS REQUIRED. If boil order is required, please check this box ☐
- ☐ **ELEVATOR** If not the only elevator, which one? _____
- ☐ **FIRE ALARM** ☐ **SPRINKLER SYSTEMS**
  Please verify outage by contacting Public Safety (217-333-1216) BEFORE work begins.
- ☐ **GAS**
- ☐ **OTHER** (please specify): _____

Name and # of Building(s) involved/Building(s) affected: _____

Sections of the Building(s) affected: _____

This outage will affect what services in the building? _____

Effects building occupants might notice: _____

Requested date(s): _____ Requested start time: _____ Finish time: _____

If more than one date, is the outage: ☐ Daily ☐ Continuous

Reason for outage: _____

Comments: _____

Work Order # (if applicable): _____

Submit **Clear Form**

*For shop reference go to https://fs.illinois.edu/crafts-trades-reference-guide/