



# OUTAGE REQUEST FORM

**3 Working Days' Notice Required, Excludes Holidays and Weekends**

(Black Ink Only)

Today's date: \_\_\_\_\_ Requested by: \_\_\_\_\_ Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 craftsmen 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 (552-7085) to capture GPS/depths.

Is there a Project Coordinator, Project Manager, or Superintendent associated with this outage? Yes No

Name of Project Coordinator, Project Manager, or Superintendent: \_\_\_\_\_

Is (s)he aware of this outage? Yes No

Has Project Coordinator, Project Manager, or Superintendent reviewed outage forms submitted by outside contractors? Yes No

## TYPE OF OUTAGE

**STEAM** Total High Pressure Low Pressure Condensate

Notify Steam Distribution BEFORE requesting this outage.

## CHILLED WATER

Notify Steam Distribution, Refrigeration, and Chilled Water Production BEFORE requesting this outage.

## CHILLED WATER DISCHARGE TO SANITARY SEWER

If discharging Chilled Water to Sanitary Sewer, permission from Environmental Compliance is required. Record name of staff, date, and time of contact with Environmental Compliance: \_\_\_\_\_

Copy of Special Discharge Permit must be attached to this request.

Please check the following box if Environmental Compliance states no permit required:

**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? \_\_\_\_\_

**VENTILATION** Which fan? \_\_\_\_\_ Areas this fan serves: \_\_\_\_\_

**FIRE ALARM** **SPRINKLER SYSTEM**

Please verify outage by contacting Public Safety (333-1216) BEFORE work begins.

**COMPRESSOR** Lab Temperature Control

**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: \_\_\_\_\_