



# Facilities and Services Planned Utility Service Outage Request

Work Order #: \_\_\_\_\_

Request Date: \_\_\_\_\_

Outage Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type:

- Partial Building Utility Service Outage
- Complete Building Utility Service Outage
- Partial Campus Utility Service Outage
- Complete Campus Utility Service Outage

Utility:

- Electric
- Natural Gas
- Steam
- Chilled Water
- Fire Detection/Alarm
- Fire Suppression/Sprinkler
- Domestic Water
- Sanitary Sewer
- Service Air

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ Day: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Date: \_\_\_\_\_ Day: \_\_\_\_\_ End Time: \_\_\_\_\_

Utility System Impact Study required for new service connections, system expansions, and non-like-kind component replacements:  
 Not Required  Required & Attached

What is the purpose of the outage? What work is to be done? Why is a utility service outage necessary? What will the work accomplish?

What buildings will be affected and how will they be affected?

What impact will this outage have on the systems/users?

What, if any, measures are being taken to minimize the impact on users?

FS Management Disposition:  Approved  Denied  Delayed (until) \_\_\_\_\_

\_\_\_\_\_  
Director, MEP Approval Date

\_\_\_\_\_  
FS Executive Director Approval Date

\_\_\_\_\_  
Outage Coordinator Schedule Approval Date

(If within 10 days): \_\_\_\_\_  
FS Associate Vice President Date

Comments:

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Outage Manager – Use this space to provide additional information if needed.

Outage Coordinator – Use this space to document contacts with building monitors and stakeholders.