



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?

What impact will this outage have on the building and 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

Executive Director of Operations Approval Date

Operations Outage Supervisor Date

Associate Vice President Approval Date
(If within 10 days)

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.