



Utility and Equipment Shutdown Request / Meeting Form
(Must be submitted at least 5 working days before scheduled shutdown)

Date: _____ (Enter today's date)

Location: Building: _____ Floor: _____ Area: _____

Requestor: Name: _____ Emergency #: _____

System: System and/or Utility Affected: _____
Reason For Shutdown: _____

Effect on Building Occupants: _____

Meeting Required: Yes [] No []

Shutdown Information: Date: _____ Time: _____

Restored Information: Date: _____ Time: _____

HHS Project Leader/Designate: _____

Table with 4 columns: Department (e.g., FACILITY MGMNT, SECURITY, CSS, etc.), Yes/No, Not Applicable, and Additional Staff required. Each row has checkboxes for these options.

GRANTED / DENIED (circle one) Engineering: _____ Date: _____

GRANTED / DENIED (circle one) Site Administrator: _____ Date: _____

Forward to SAC/ADMIN on call: Yes [] No []

Additional Details/Comments: _____