



Utility and Equipment Shutdown Request / Meeting Form

Must be submitted at least 5 working days before scheduled shutdown. Please attach any additional documents needed to identify the shutdown requirements. If this form has not been returned and signed the request is NOT valid.

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: _____

Affected users:

Notice to occupants-List all that have been notified:

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

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

Forward to SAC/ADMIN on call: Yes No

Additional Details/Comments: _____