

Date _____

OUTAGE and CLOSURE NOTICE REQUEST

Level 1 outage - Request form must be turned into Dispatch 10 University business days prior to outage.

Level 2 outage - Request form must be turned into Dispatch 5 University business days prior to outage.

Level 3 outage - Request form must be turned into Dispatch 24 hours prior to outage & Fill out reverse side of this form.

TYPE OF OUTAGE: _____

EXPLAIN: _____

OTHER EQUIPMENT AFFECTED: _____

LIST ALL BUILDINGS THAT WILL BE AFFECTED BY THIS OUTAGE: _____

ALARMS THAT WILL BE AFFECTED:	FIRE	SECURITY	MAINTENANCE
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Please notify University Police Services upon completion of work so they can reset alarms.

REQUESTED DATE(S) OUTAGE WILL OCCUR: _____

TIME(S) OUTAGE WILL OCCUR: _____

REASON FOR OUTAGE: _____

OUTAGE CONTACTS: (PROJECT MANAGER OR SUPERVISOR, NOT THE CONTRACTOR)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

HAVE PROCTORS BEEN CONTACTED? YES NO

HAVE TRADES SUPERVISORS BEEN CONTACTED? YES NO

DO YOU WANT CONTRACTOR AUTHORIZED TO SHUTDOWN UTILITY? YES NO

CONTRACTORS/TRADES WILL MEET AT TIME OF SHUT DOWN: _____

CONTRACTORS NAME & CONTACT PHONE # _____

SIGNATURE OF OUTAGE REQUESTOR: _____ DATE: _____

PLEASE CONTACT FACILITIES DISPATCH UPON COMPLETION OF OUTAGE, 491-0077

EMERGENCY OUTAGE JUSTIFICATION:

OUTAGE AUTHORIZATION (To be filled out by Facilities Dispatch)

DISPATCHER INITIALS: _____ **DATE:** _____

TRADES CONTACTED: _____ **DATE:** _____

PROCTORS CONTACTED: _____ **DATE:** _____

COMPLETED OUTAGE INFORMATION (To be filled out by Facilities Dispatch)

TIME OUTAGE STARTED: _____ **TIME OUTAGE COMPLETED:** _____

DID OUTAGE NEED TO BE RESCHEDULED? YES NO

IF YES, REASON FOR RESCHEDULE: