**Project WP#/Name: SDR #:**

**Seaport/Real Estate Facilities - Systems & Utility Shutdown Request**

|  |  |  |
| --- | --- | --- |
|  | ***10 work days*** *notice required for system shutdown + 72 hours after final signature*  ***10 work days*** *notice required for DOMESTIC water shutdown + 96 hours after final signature* | |
|  | **SHUTDOWN DETAILS (CONTRACTOR TO COMPLETE)** | |
| Date of Request: | | Date(s) of Shutdown: Duration:  Start Time: End Time: |
| Outages Coordinator:  Phone No.: | | RE/PM:  Phone No.: |
| **Contacts During Shutdown:**  Contractor: Phone No.:  Inspector : Phone No.: | | |
| Contractor performing the work:  Duration of Shutdown: | | |
| What is being shut down? (BE SPECIFIC: ie utility system, panel, valve, etc) | | |
| Reason for Shutdown: | | |
| Buildings and/or Area Affected: **(*DRAWING(S) and PHOTO(S) OF AFFECTED AREA REQUIRED WITH FORM, OK to attach*)** | | |

**UTILITY/EQUIPMENT LIST (CONTRACTOR TO INDICATE AFFECTED SYSTEMS; POS TO OBTAIN INITIALS FOR APPROVAL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Domestic water |  | Chilled water |  | Lift stations |
|  | ICT Department |  | HVAC system |  | Security |
|  | Elevators - Escalators |  | Hot water heating |  | Electrical systems - ELEC |
|  | Irrigation |  | Fire system |  | Roadways - Parking |

***APPROVALS (POS TO COMPLETE)***

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Maintenance Manager: | | | |
| Utility Manager: |  | Security: |  |
| Fire Prevention: |  | Operations: |  |
| ICT Department: |  | Other: |  |

***TENANT NOTIFICATIONS (POS TO COMPLETE)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Business Group or Tenants requiring notification:*** | ***Notified:*** | ***By:*** *(initials)* | ***Tenant Representative Notified*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Comments:**

**FOR DEPARTMENT USE ONLY:**

**PLEASE RETURN A COPY OF THE COMPLETED SIGNATURE FORM TO ALL SIGNEES**.

Revised 10/03/2019