

Planned Outage and Interruption Request

Work Owner _____ Organization _____ Phone _____

Onsite Contact _____ Phone _____

Project # _____ Customer Request _____ WO Number _____

Select Interruption Type:

Building System Outage or Space Closure (Only if part of a building is out, Check all that apply)	<input type="checkbox"/>	Building Access Control	<input type="checkbox"/>	Elevator	<input type="checkbox"/>	Laboratory Utility	<input type="checkbox"/>	Sanitary Sewer
	<input type="checkbox"/>	Electric Power	<input type="checkbox"/>	Heating Ventilation & A/C (HVAC)	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Domestic Water
	<input type="checkbox"/>	Building Space/Entrance	<input type="checkbox"/>	Telephone/IT	<input type="checkbox"/>	Fumehood	<input type="checkbox"/>	Cooler/Freezer
	<input type="checkbox"/>	Emergency Power (Life Safety Approval required)	<input type="checkbox"/>	Other (Explain below)	<input type="checkbox"/>		<input type="checkbox"/>	
Utility Outage (If entire building is out)	<input type="checkbox"/>	Electric Power	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Sewer from Building	<input type="checkbox"/>	Domestic Water
	<input type="checkbox"/>	Hot Water (Central Plant)	<input type="checkbox"/>	Chilled Water (Central Plant)	<input type="checkbox"/>	Steam (Central Plant)	<input type="checkbox"/>	Other (Explain Below)
Outside Closures	<input type="checkbox"/>	Roadway	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>	Bike Lane	<input type="checkbox"/>	Waste Receptacle
	<input type="checkbox"/>	Parking Spaces	<input type="checkbox"/>	ADA Facilities	<input type="checkbox"/>	Traffic Signal	<input type="checkbox"/>	Other (Explain below)
Life Safety System Outage (Required any time system or components are taken out of service)	<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	Fire Suppression System and/or Fire Pump	<input type="checkbox"/>	Special Hazards Range Hood	<input type="checkbox"/>	Fire Hydrant
	<input type="checkbox"/>	Fire watch required? Yes or No (Determined by Risk Management & Safety and University Engineer)			Note:			
Life Safety Notifications	<input type="checkbox"/>	Annual Fire Alarm Test and Inspection	<input type="checkbox"/>	Fire Suppression System Testing	<input type="checkbox"/>	Fire Alarm System Testing	<input type="checkbox"/>	Fire Alarm System Download
Notifications	<input type="checkbox"/>	Unplanned Outage	<input type="checkbox"/>	Preventative Maintenance	<input type="checkbox"/>	Risk Mgt. & Safety Inspection	<input type="checkbox"/>	Other (Explain below)

Description of Work Activity

Building(s) or Location(s) Affected

Specific Space Affected (Room Numbers)

How are the building clients or University stakeholders affected? What will they notice?

Schedule:

Start Date: _____ **Start Time:** _____ **End Date:** _____ **End Time:** _____

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Planning Reviews (Per Review Matrix):

Organization	Review Required?	Reviewer	Review Date
Maintenance Zone Manager			
Maintenance Zone Supervisor			
Utility Supervisor			
Others as Needed			

Client Approvals (Per Approval Matrix):

Organizations Affected by Work, Interruption, or Outage			
Client	Building(s)	Key Contact	Approval Date

Facilities Management Approvals (Per the Approval Matrix)

Facilities Management								
Maintenance			Utility and Energy			Design & Construction		
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date
For Life Safety Systems								
University Engineer			Risk Management and Safety					
Approval Required?	Approved By:	Date	Approval Required?	Approved By:	Date			
Work Management								
Received By:		Date Received	Time Received	Date Notice Issued		Time Issued		

Submittal:

Work Owner Signature: _____ Date _____

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Form Purpose

This form is required any time a planned outage, space closure or outside facility closure is needed. The intent is to document approval and provide the information necessary for concise communication of these events to the campus and others with need to know. It is also used to provide information necessary to communicate unplanned outages, Preventative Maintenance activities, and other events to the campus community.

The Work Owner is responsible for planning and scheduling the outage or closure, obtaining the necessary approvals, and submitting the completed form to Work Management. Work Management will then issue the communication to the appropriate campus stakeholders.

Information and Instructions

1. **Work Owner** – Individual responsible for conduct of the work requiring the interruption or outage. Include Auburn University Organization and cell phone number.
2. **Onsite Contact** – Individual directly responsible for the conduct of the work and typical will be on site during implementation. Include cell phone number.
3. **Project Number** – Auburn University Facilities project number if applicable
4. **Customer Request**- AiM Request number if applicable.
5. **WO Number** – AiM work order number if applicable.
6. **Interruption Type** – Select the system, component or space type that will be interrupted and out of service. Select all that apply, however if a utility outage is selected and the entire building will be interrupted do not select individual building systems. As example, do not select HVAC in a building if electric power will be off to the entire building.
7. **Life Safety System Outage**- Required if a life safety system or system component is is taken out of service, or if any other system (domestic water, electric power) is taken out of service and prevents life safety system from functioning. Outages on life safety system require approval of Risk Management and Safety and University Engineer. They will determine if a fire watch will be required.
8. **Life Safety Notifications** - Used to communicate to building occupants and others when listed activities are taking place. No review or approval required.
9. **Notifications** - Used to communicate unplanned outages to campus. Can also be used to communicate Preventative Maintenance activities, Risk Management and Safety Inspections and Other activities as needed.
10. **Description of Work Activity** – Describe specifically what work will be performed during the outage.
11. **Building(s) or Location(s) Affected** – List all buildings affected using official university name. If outside space describe the location of the activity including buildings that will be directly impacted if necessary.
12. **Specific Space Affected** – Provide floor, room numbers, or area of the building that will be affected.
13. **How are the building clients or University stakeholders affected? What will they notice?** – Provide sentence on the specific impact of the outage and describe what University stakeholders will notice.
14. **Schedule** – Provide start and estimated end dates and times
15. **Planning Reviews** – Discussions conducted with designated individuals during the planning and scheduling phase of the outage or interruption. The review matrix defines the minimum reviews required, additional reviews may be required depending on the nature of the work. No signature or hard approval documentation is required for reviews.
16. **Client Approvals** – Obtain approval of Key Contact of all organizations with assigned space in affected buildings or in buildings near the work. Client approval can be documented with e mail or signature on the form. On short notice outages, verbal client approval is acceptable.
17. **Facilities Management Approvals** – Obtain necessary approval based on the type of outage and the required approvals from the approval matrix.
18. **Work Manager Signature** – Sign and date the form and submit to Work Management