

UNIVERSITY OF WASHINGTON

UTILITY SHUTDOWN REQUEST

PHYSICAL PLANT

Urgent Request

(Initial for Urgent Service-Less than 14 days)

Submittal Date	Requester	
Shutdown Date	Start Time	Duration
Proposed Scope of Work		
Requisition/Job Number		Work Order Number
Project Name		Project Number
Contractor Name		Telephone Number
Project Supervisor		Telephone Number
UW Project Coordinator		Telephone Number
Maintenance Coordinator Review		
Systems Affected:		
<div><div>_____ Plumb. Shop _____ Refrig. Shop _____ Hospital Shop _____ Signal Shop _____ Elect. Util. Shop</div><div>_____ Elect. Shop _____ Comm. Center _____ Controls Shop _____ FOMS Shop _____ Plant Ops. Mgmt.</div><div>_____ Power Shop _____ Elevator Shop _____ Const. Coordinator _____ Contractor _____ Other</div><div>_____ HS Bldg. Mgr. _____ UWMC Bldg. Mgr. _____ Bldg. Coordinator _____ Other _____ Other</div><div>_____ Environmental Health</div></div>		
SHUTDOWN APPROVAL		
Maintenance Coordinator/Supervisor Signature		Date
Outage Program Coordinator Signature		Date

