Harborview Medical Center
Utility Shutdown Request

Project Information:

HMC Project Name: _____ **Date:** _____
HMC Project #: _____ **TMS#:** _____
Shutdown Date: _____ **Start Time:** _____ **Duration:** _____
UW/HMC Coordinator: _____ **Phone:** _____
Cell: _____
Contractor Name: _____ **Main Office #:** _____
Superintendent: _____ **Cell #:** _____

Systems:

Area to be shut down: _____
Areas to be affected by shut down: _____

Scope of Work:

☐ **HVAC** ☐ **Electrical** ☐ **Sprinkler** ☐ **Potable Water** ☐ **Medical Gas**:_____

☐ **Fire Alarm:** ☐ Audible Signals ☐ Visual Signals ☐ Elevator Recall ☐ Dampers ☐ Alarm Company
☐ Pressurization Fans ☐ Fan Shutdown ☐ Door Holders ☐ Roll Doors

Shop Approval Initial and Date:

☐**Electronics Shop:** _____ | _____ ☐**Plumbing Shop:** _____ | _____

☐**FOMS:** _____ | _____ ☐**Electrical Shop:** _____ | _____

☐**HVAC Shop:** _____ | _____ ☐**Other:** _____ | _____

Approvals:

HMC Engineering Operations Manager: _____ **Date:** _____
HMC Engineering Supervisor: _____ **Date:** _____
HMC Patient Care Services: _____ **Date:** _____
Agreed to by Contractor: _____ **Date:** _____

Notes:

A) Fire alarm or fire sprinkler shut down for over four hours in length require SFD notification.
B) Fire watch must be initiated and logged every fifteen minutes in area without sprinkler or fire alarm coverage.
C) Fire watch person must be a dedicated person who knows how to initiate fire alarm. (Vested)
D) Dedicated firewatch is required for all open flame (welding, solder, etc.) procedures. Fire watch is to continue for one hour post conclusion of open flame procedure. Contractors will follow NFPA 51B for open flame work.

Person performing fire watch: _____ **Phone:** _____
Company: _____ **Phone:** _____

E) Fire sprinklers not to be refilled prior to HMC Engineering inspection.
F) All systems are to be returned to normal operations by 3:00pm.
G) All leak testing/pressure testing to be verified by HMC Engineering prior to activating system.