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:		

_____ Plumb. Shop _____ Refrig. Shop _____ Hospital Shop _____ Signal Shop _____Elect. Util. Shop
_____ Elect. Shop _____ Comm. Center _____ Controls Shop _____ FOMS Shop _____ Plant Ops. Mgmt.
_____ Power Shop _____ Elevator Shop _____ Const. Coordinator _____ Contractor _____ Other
_____ HS Bldg. Mgr._____UWMC Bldg. Mgr. _____ Bldg. Coordinator _____ Other _____ Other
_____ Environmental Health

SHUTDOWN APPROVAL

Maintenance Coordinator/Supervisor Signature	Date
Outage Program Coordinator Signature	Date