

Harborview Medical Center Utility Shutdown Request

Project Information:

HMC Project Name: _____ Date: _____
 HMC Project #: _____ ISIS#: _____
 Shutdown Date: _____ Start Time: _____ Duration: _____
 UW/HMC Coordinator: _____ Phone: _____
 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:

| | |
|--|---|
| <input type="checkbox"/> Electronics Shop: _____ | <input type="checkbox"/> Plumbing Shop: _____ |
| <input type="checkbox"/> FOMS: _____ | <input type="checkbox"/> Electrical Shop: _____ |
| <input type="checkbox"/> HVAC Shop: _____ | <input type="checkbox"/> 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.