

Facilities Management & Operations Center Utilities Outage Request Worksheet

INSTRUCTIONS: Enter pertinent information where shown. Complete all fields; X-out or enter N/A into any fields that do not apply. Forward the completed form and all supporting documents to the Customer Team Project Technologist assigned to this Project. The Contractor or Outage Operator shall provide all materials, safety equipment, and related items required for this Outage 2 days prior to and at the work site before the Outage begins.

Advance notice is required for coordination of outage requests as follows:

Electrical Outage - 21 days Mechanical Outage - 14 days

Create a Request

Project No.:	<input style="width: 90%;" type="text"/>	Task No.:	<input style="width: 90%;" type="text"/>	Entered by:	<input style="width: 90%;" type="text"/>
Date:	<input style="width: 90%;" type="text"/>	Release No.:	<input style="width: 90%;" type="text"/>	Contractor:	<input style="width: 90%;" type="text"/>
<i>(Submitted by Contractor)</i>		Contract No.:	<input style="width: 90%;" type="text"/>	Requestor:	<input style="width: 90%;" type="text"/>

Outage Type & Scope

Tech Area:	<input style="width: 90%;" type="text"/>	Building(s):	<input style="width: 90%;" type="text"/>	
Type:	Scope:			
<input type="checkbox"/> Electrical	<input type="checkbox"/> Building	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Combined	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Building	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Combined	

	Date	Time
Start:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
End:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

- This outage can be performed during normal working hours.
- This outage can be combined with other outage requests.
- Other (describe below)

Check below if any of the following systems will be impacted by this outage:

<input type="checkbox"/> High Voltage (>600v)	<input type="checkbox"/> Lighting Inverter	<input type="checkbox"/> Mechanical Operations/ FCS	<input type="checkbox"/> Other (Specify) <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Fire Alarm/Protection	<input type="checkbox"/> Intrusion Alarm	<input type="checkbox"/> Mechanical Infrastructure	
<input type="checkbox"/> Standby Generator	<input type="checkbox"/> Access Control	<input type="checkbox"/> No Support Required	

Specific System(s) to which Outage applies (Subs, feeders, panelboards, equipment, locations, building areas, services, etc.)

Reason for this Outage:

Other Information (additional details, concurrent outages, justification, etc.)

Attachments (Panel Schedules, Drawings, Sequences of Operation, Manuals, Checklists, Procedures, etc.)