

OUTAGE REQUEST FORM

Form to be submitted 7 days prior to requested outage. Top portion to be completed by requestor (typed in).

Date: _____

NCRF# / Project Name / Acct #: _____

Outage Request Date: _____

Affected System or Utility: _____

Location: _____

Shutdown Area: Above Floor Below Floor

Outage to Begin (Date/Time): (MM/DD/YYYY): _____ AM PM

Outage to End (Date/Time): (MM/DD/YYYY): _____ AM PM

Outage For: Weekdays Weekends Over nights

Title	Company/Department	Name	Email (if you want to be notified)	Cell Phone
PM	TTUHSC			
PM	TTU			
Contractor				
Client				
Client				

TO BE COMPLETED BY PLANT OPERATIONS

AFFECTED SHOP(S)

Additional Comments:

- _____ **Electric**
- _____ **Plumbing**
 - _____ Domestic Water
 - _____ Cold Water
 - _____ Hot Water
 - _____ Hot Water Return
 - _____ Natural Gas
 - _____ Medical Gas Type: _____
 - _____ Waste Lines
 - _____ Sanitary Sewer
 - _____ Acid Waste

- _____ **HVAC**
 - _____ Steam
 - _____ Chilled Water
 - _____ Heating Water
 - _____ Air Handler Unit(s): _____
 - _____ Chilled or Heating Water Pumps: _____

- _____ **Fire & Safety**
 - _____ Fire Detection System Disabled: yes no
 - _____ Fire Suppression System Disabled: yes no
 - _____ Disable Bells: yes no
 - _____ Affected Area(s): _____
 - _____ EMS / POEC Notified: yes no
 - _____ Safety Services Notified: yes no
 - _____ Police Services Notified: yes no

_____ **Other Shop(s):** _____