

Use SUBMIT button or save and email completed form to: FMD-ShutdownRequest@duke.edu

REQUESTOR INFORMATION

Requestor Name:	
Email:	Phone:

PROJECT INFORMATION

Project Name:	
Fund Code or Work Order:	
DUES Rep:	Cap Project Coordinator:
Contractor Contact:	Phone:
Shutdown Contact (if different):	Phone:

UTILITY SYSTEMS TO BE SHUTDOWN (CHECK ALL THAT APPLY)

<input type="checkbox"/> Electrical	<input type="checkbox"/> Domestic Water	<input type="checkbox"/> Steam	<input type="checkbox"/> HVAC
<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Domestic Hot Water	<input type="checkbox"/> Fire Systems	<input type="checkbox"/> Sanitary Sewer
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Heating Hot Water	<input type="checkbox"/> OIT/Telecom	<input type="checkbox"/> Other:

DESCRIBE SHUTDOWN PURPOSE, SYSTEMS & BUILDING(S) AFFECTED

Check box if additional sheets are attached listing affected buildings, systems or other documentation.

REQUESTED SHUTDOWN DURATION (MINIMUM 10 BUSINESS DAYS FROM DATE OF REQUEST)

Start Date:	Time:	End Date:	Time:
Alternate Date:	Time:	End Date:	Time:

Check box if building contact/customers have tentatively agreed to the above shutdown durations.

FM ALERT NOTICE – SPECIAL INSTRUCTIONS

SUBMIT COMPLETED FORM

DETAIL OF BUILDINGS/SYSTEMS AFFECTED

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SHOP SHUTDOWN APPROVAL

ELECTRICAL	Shop has reviewed requested outage and listed effects, if any, to their system above? <input type="checkbox"/> Yes
	Shop will provide personnel to support outage? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
	Outage approved as defined. <input type="checkbox"/> Yes APPROVER: _____ DATE: _____
	Comments: _____
PLUMBING	Shop has reviewed requested outage and listed effects, if any, to their system above? <input type="checkbox"/> Yes
	Shop will provide personnel to support outage? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
	Outage approved as defined. <input type="checkbox"/> Yes APPROVER: _____ DATE: _____
	Comments: _____
HVAC	Shop has reviewed requested outage and listed effects, if any, to their system above? <input type="checkbox"/> Yes
	Shop will provide personnel to support outage? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
	Outage approved as defined. <input type="checkbox"/> Yes APPROVER: _____ DATE: _____
	Comments: _____
HIGH VOLTAGE	Shop has reviewed requested outage and listed effects, if any, to their system above? <input type="checkbox"/> Yes
	Shop will provide personnel to support outage? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
	Outage approved as defined. <input type="checkbox"/> Yes APPROVER: _____ DATE: _____
	Comments: _____
UTILITIES	Shop has reviewed requested outage and listed effects, if any, to their system above? <input type="checkbox"/> Yes
	Shop will provide personnel to support outage? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
	Outage approved as defined. <input type="checkbox"/> Yes APPROVER: _____ DATE: _____
	Comments: _____

CUSTOMER APPROVAL & FINAL SHUTDOWN SCHEDULE (Building Coordinator)

Utility outage has been approved as defined by a representative of the affected building occupants. <input type="checkbox"/> Yes	
APPROVER: _____	DATE: _____
Start Date/Time: _____	End Date/Time: _____

FO CUSTOMER SERVICE

Alert Notice Issued? <input type="checkbox"/>	Date: _____
Support WO(s) Created? <input type="checkbox"/>	WO# _____
Approval form email to requestor? <input type="checkbox"/>	_____