

Shutdown and Utility Tie-In Request Form

REV. 2
02/07/20

*Please allow a minimum of three (3) weeks prior to the requested shutdown date to allow managers to help coordinate a successful shutdown. Failure to provide this amount of processing time will delay the approval of this shutdown request.

Date: _____ Project Name: _____

Type of Shutdown: _____

COA: _____

Yale Project Manager: _____ Phone#: _____

Email: _____

Has the shutdown been reviewed with a Superintendent/Building Manager/YARC? Yes No

Is this shutdown an emergency or need to be expedited:	Yes	No
Who has been contacted to expedite? _____		
Reason for expediting: _____		

List all Buildings Impacted: _____

Leased Property: Yes No

Requested Start Date: _____

Start Time: _____

Expected Restoration Date: _____

Restoration time: _____

Total Duration of Shutdown: _____

Systems Affected:

- | | | | |
|-----------------------|-----------------------|-----------------------|----------------|
| Domestic Hot Water | Process CHW | Fire Sprinkler System | Compressed Air |
| Domestic Cold Water | Chilled Water | Fire Alarm System | RO/DI Water |
| Steam Condensate | Electrical >600 Volts | Security Panels | Natural Gas |
| Steam Low Pressure | Electrical <600 Volts | IT Equipment | Irrigation |
| Steam Medium Pressure | Building Controls | Mechanical Equipment | Other: |
| Steam High Pressure | Elevator | Supply/Exhaust Fan | |
| Heating Hot Water | Vacuum | Ventilation | |

Utility Tie In Required: Type of Utility: Steam/Condensate Chilled Water Electric Fire Main Hot Tap Requested

Scope of Work/Overall Request (Inaccurate or incomplete information may cause delays to this request. Please indicate any known impact and summarize work scope)

Describe Building Systems and User Impact:

Identify any additional customer instructions/notifications:

CM Project Manager/Project Contact: _____

Email Address: _____ Phone: _____

Contractor performing the work: _____

Main Contact name & title: _____

Email Address: _____ Phone: _____

Secondary Contact name & title: _____

Same Contractor as above: Yes No

Email Address: _____ Phone: _____

DO NOT WRITE BELOW THIS LINE. FOR FACILITIES USE ONLY

Shutdown request received: _____ Work Order Number: _____

Lead Facilities Manager assigned: _____

Initial Review

Rejected (Reason): _____

Approved as Submitted Trade Manager Initials: _____

Notice to Occupants Required: Yes No (if no, why) _____

Notes/Instruction: _____

In Review - Further Investigation Required Does this shutdown require an MOP? Yes No

Include the following:

Engineering Electrical Fire Code Compliance Equipment Plumbing Controls
General Trades Outside Contractor: _____ Other: _____

Notes/Instruction: _____

Further Investigation

MOP Completed: Yes No NA In Progress

Shutdown approved: _____ Lead Facilities Mgr Signature _____

Edits made to Shutdown Request: Yes No

Additional Notes/Instructions:

FAC OPS Customer Service

Initial Review Completed: Requestor Notified: _____
Further Investigation Required: Yes No

Shutdown Approved: _____ Requestor Notified: _____
Shutdown Notice Sent: _____