



Project WP#/Name:

SDR #:

Seaport/Real Estate Facilities - Systems & Utility Shutdown Request

10 work days notice required for system shutdown + 72 hours after final signature

10 work days notice required for DOMESTIC water shutdown + 96 hours after final signature

SHUTDOWN DETAILS (CONTRACTOR TO COMPLETE)

Date of Request:	Date(s) of Shutdown: Start Time:	Duration: End Time:
Outages Coordinator: Phone No.:	RE/PM: Phone No.:	
Contacts During Shutdown:		
Contractor:	Phone No.:	
Inspector :	Phone No.:	
Contractor performing the work:		
What is being shut down? (BE SPECIFIC: ie utility system, panel, valve, etc)		
Reason for Shutdown:		
Buildings and/or Area Affected: (<i>DRAWING(S) and PHOTO(S) OF AFFECTED AREA REQUIRED WITH FORM, OK to attach</i>)		

UTILITY/EQUIPMENT LIST (CONTRACTOR TO INDICATE AFFECTED SYSTEMS; POS TO OBTAIN INITIALS FOR APPROVAL)

<input type="checkbox"/>	Domestic water	<input type="checkbox"/>	Chilled water	<input type="checkbox"/>	Lift stations
<input type="checkbox"/>	ICT Department	<input type="checkbox"/>	HVAC system	<input type="checkbox"/>	Security
<input type="checkbox"/>	Elevators - Escalators	<input type="checkbox"/>	Hot water heating	<input type="checkbox"/>	Electrical systems - ELEC
<input type="checkbox"/>	Irrigation	<input type="checkbox"/>	Fire system	<input type="checkbox"/>	Roadways - Parking

APPROVALS (POS TO COMPLETE)

Facility Maintenance Manager: _____	
Utility Manager: _____	Security: _____
Fire Prevention: _____	Operations: _____
ICT Department: _____	Other: _____

TENANT NOTIFICATIONS (POS TO COMPLETE)

Business Group or Tenants requiring notification:	Notified:	By: (initials)	Tenant Representative Notified

Comments:

PLEASE RETURN A COPY OF THE COMPLETED SIGNATURE FORM TO ALL SIGNEES.