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|  | Building Operations – System Shutdown Application Form |

| REQUESTOR INFORMATION |
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| Name |  |
| Company Name |  |
| Contact Information |  |
| Project Title/Description |  |
| Work Request/ PO Number |  |

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| CONTACT DETAILS (Complete all applicable fields) |
| Consulting Firm | Name: |
| Title: |
| Email: | Mobile: |
| General Contractor | Name: |
| Title: |
| Email: | Mobile: |
| Sub-Contractor | Name: |
| Title: |
| Email: | Mobile: |
| On Site Coordinator | Name: |
| Title: |
| Email: | Mobile: |

| UBC CONTACT: Project Manager, Project Coordinator, Trade Head |
| --- |
| Name |  |
| UBC Department/Group |  |
| Contact Information |  |
| Project Title/Description |  |
| Work Request/ PO Number |  |

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| SHUTDOWN REQUIREMENTS |  |
| Start Date & Time | Click here to enter a date. |
| End Date & Time | Click here to enter a date. |
| Location / Buildings impacted by shutdown |  |
| **Services / System Types for Shutdown****<Select Only One>** | **Building** |   |
| **Electrical** |  |  |
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| **Mechanical** |  |  |
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| **Plumbing** |  |  |
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| **Utilities** |  |  |
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| SHUTDOWN REASON |
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| CONSEQUENCE OF NOT PERFORMING SHUTDOWN |
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| **OTHER COMMENTS (SHUTDOWN MEMO)** |
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| **SERVICE CONNECTION** |  |
| [ ] Not Applicable [ ]  No [ ] Yes Permit #  |

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| **FIRE WATCH ON-SITE COORDINATOR (if applicable)** |
| *Name:* | *Fire watch mobile phone:* |