|  |  |
| --- | --- |
|  | Building Operations – System Shutdown Application Form |

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

|  |  |  |
| --- | --- | --- |
| 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Mechanical** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Plumbing** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Utilities** |  |  |
|  |  |
|  | |

|  |
| --- |
| SHUTDOWN REASON |
|  |

|  |
| --- |
| CONSEQUENCE OF NOT PERFORMING SHUTDOWN |
|  |

|  |
| --- |
| **OTHER COMMENTS (SHUTDOWN MEMO)** |
|  |

|  |  |
| --- | --- |
| **SERVICE CONNECTION** |  |
| Not Applicable  No Yes Permit # | |

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