**NC STATE UNIVERSITY FACILITIES OPERATIONS**

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| **REQUEST FOR FIRE ALARM SYSTEM DISCONNECT** |

**\* NOTE\* ALL REQUESTS REQUIRE ADVANCE NOTICE FOR SCHEDULING OF OUTAGES**

**ALL REQUESTS REQUIRE APPROVAL FROM NCSU FIRE PROTECTION**

**ALL REQUESTS REQUIRE A JOB ORDER NUMBER ISSUED BY THE CUSTOMER SERVICE CENTER**

**REQUESTER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **REQUESTER:** | **DEPARTMENT:** | **PHONE #** |
| **REQUEST DATE:** | **JOB ORDER #** |  |

**LOCATION & PURPOSE OF OUTAGE :**

|  |  |  |
| --- | --- | --- |
| **BUILDING:** | **FLOOR(S)** | **ROOM/AREAS:** |

|  |
| --- |
| **PURPOSE OF OUTAGE**: |

**REQUESTED PERIOD OF DISCONNECT:**

|  |  |  |
| --- | --- | --- |
| From Date: | Time: | Daily: |
| To Date: | Time: | Extended: |

|  |
| --- |
| **FACILITY SPRINKLER SYSTEM INFORMATION**  SPRINKLER SYSTEM **WILL** BE OPERATIONAL DURING OUTAGE :  SPRINKLER SYSTEM **WILL NOT** BE OPERATIONAL DURING OUTAGE :   * Requires [utility outage form](http://facilities.ofa.ncsu.edu/files/2015/06/Utility_Interruption_Request.docx) signed by appropriate zone shop |

**NCSU FIRE PROTECTION APPROVAL:**

INSPECTOR’S NAME:

|  |
| --- |
| **COMPLETE:** DATE: TIME: TECHNICIAN: |

**Completed form should be e-mailed to** [**efacmainppa@ncsu.edu**](mailto:efacmainppa@ncsu.edu) **for approval**