# FACILITIES OPERATIONS


## REQUEST FOR UTILITY INTERRUPTION WORK SHEET

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| REQUESTOR |
| NAME : |  | DATE : |  |
| DEPT : |  | PHONE : |  |
| WORK REQ #: |  ACCT #: | CAMPUS BOX : |  |
|  |  |  |  |
| BUILDING INFORMATION / DATE & TIME |
| BUILDING(s):  |  |  |  | ENTIRE BLDG or SPECIFIC ROOM : |  |
| BEGIN DATE : |  |  |  / /  | END DATE : |  / / |
| BEGIN TIME : |  |  |  AM / PM | END TIME: |  AM / PM |

|  |  |
| --- | --- |
|  DISCONNECT INFORMATION |  |
| **POWER** |  | **RUNNING****WATER** |  | **FIRE ALARM** |  **HEATING** [ ]  |  |
| Primary | [ ]  | Hot | [ ]  | Disconnect [ ]  |  **STEAM SYSTEMS** [ ]   |  |
| Secondary | [ ]  | Cold | [ ]  |  Testing [ ]  |  **AIR CONDITIONING** [ ]  (Chilled Water)  |  |
|  |  | Distilled | [ ]  | Sprinkler Operational  **Y / N** | **PROPANE/NATURAL GAS** [ ]  |  |
| **OTHER :**   |  |  |  |  |  |  |
| For all Fire Alarm / Sprinkler Disconnects or Testing, please first obtain approval from the Electronics Shop: <http://facilities.ofa.ncsu.edu/fire-alarm-disconnect/>(separate form).REASON FOR INTERRUPTION (Scope of Work):  |  |
| Shop Supervisor Signature: |  | Date: |  |  |
| Addtl. Supervisor (s) Signature: |  |  |

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| POLICY # 806 – ROUTINE UTILITY INTERRUPTION REQUEST – adv notification Periods |

