**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** **for approval**