**NC STATE UNIVERSITY FACILITIES DIVISION**

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| **FIRE ALARM DISCONNECT FORM** |

Refer to Facilities Division Standard Operating Procedure 803 – Scheduling a Fire Alarm Disconnect

* Facilities Division personnel and Facilities Liaisons are the only persons authorized to initiate a fire alarm disconnect request. Faculty, staff, contractors, campus auxiliaries, or others needing to schedule a fire alarm disconnect must submit all disconnect requests through their building’s Facilities Liaison or project managers.
* All requests require 24-hour advance notice for scheduling of outages. Audible/strobe testing requests require 72 hours.
* The request must include a reasonable description of the requested outage along with start/stop dates and times.
* If the fire alarm disconnect involves disrupting the sprinkler system or the air handling/HVAC units, the [Utility Interruption form](https://facilities.ofa.ncsu.edu/services/scheduling-an-outage/) will also need to be completed.
* If at any point there is a change to the schedule or an extension is required, the original requester shall contact the Facilities Electronics Shop and the Facilities Customer Service Center immediately by emailing [efacmainppa@ncsu.edu.](mailto:efacmainppa@ncsu.edu)

**REQUESTER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Name: | Department: | Phone #: |
| Request date: | Work order #: | Email: |

**LOCATION & PURPOSE OF OUTAGE:**

|  |  |  |
| --- | --- | --- |
| Building: | Floor(s): | Room(s)/area(s): |

|  |
| --- |
| Purpose of outage: |

**REQUESTED PERIOD OF DISCONNECT:**

|  |  |  |
| --- | --- | --- |
| From Date: | Time: | Weekend (Y/N): |
| To Date: | Time: | Holiday (Y/N): |

|  |
| --- |
| Will this request result in?  Y  | N  Audible/strobe testing of the fire alarm system (if yes, requires 72 hours notice)  Y  | N  Sprinkler system disruption (if yes, also complete the Utility Interruption form)  Y  | N  Air handling units/HVAC disruption (if yes, also complete the Utility Interruption form) |

**ONSITE INFORMATION IF DIFFERENT FROM REQUESTER:**

|  |  |  |
| --- | --- | --- |
| Name: | Company/organization | On-site phone #:  Email: |

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