

OUTAGE REQUEST FORM

Form to be submitted 7 days prior to requested outage. Top portion to be completed by requester.

Date: _____

NCRF# / Project Name / Acct #: _____

Outage Request Date: _____

Affected System or Utility: _____

Location: _____

Shutdown Area: Above Floor Below Floor

Outage to Begin (Date/Time) (MM/DD/YYYY) _____ AM _____ PM

Outage to End (Date/Time) (MM/DD/YYYY) _____ AM _____ PM

Outage For: Weekdays Weekends Over nights

Title _____ Company/Department Name _____ Email(if you want to be notified) _____

Client			
Client			

TO BE COMPLETED BY PLANT OPERATIONS

AFFECTED SHOP(S) _____ **Additional Comments:** _____

_____ Electric

_____ Plumbing

 _____ Domestic Water

 _____ Cold Water

 _____ Hot Water

 _____ Hot Water Return

_____ Natural Gas

_____ Medical Gas Type: _____

_____ Waste Lines

 _____ Sanitary Sewer

 _____ Acid Waste

_____ HVAC

 _____ Steam

 _____ Chilled Water

 _____ Heating Water

 _____ Air Handler Unit(s): _____

 _____ Chilled or Heating Water Pumps: _____

_____ Fire & Safety

 _____ Fire Detection System Disabled: yes no

 _____ Fire Suppression System Disabled: yes no

 _____ Disabled Bells: yes no

 _____ Affected Area(s): _____

 _____ EMS / POEC Notified: yes no

 _____ Safety Services Notified: yes no

 _____ Police Services Notified: yes no

_____ Other Shop(s): _____

Amarillo (806) 414-670

Midland/Odessa (325) 703-5091

Abilene (325) 680-0455

Lubbock (806) 743-070