UTILITY OUTAGE/SYSTEM TESTING NOTIFICATION WORKSHEET

Requester: ____________________________ Today's Date: ________________ Time: ________________

Date/Time of Outage: ________________________________________________________________

Length Of Outage/Testing: ___________________________________________________________

Building(s) to be affected: __________________________________________________________

Rooms/Area to be affected: __________________________________________________________

Type of Shutdown:  
  __ Air Handler  __ Power (circle one: partial, total)  
  __ Chiller  __ Steam
  __ Elevator  __ Water (circle one: hot, cold, both)
  __ Other (Please state: _____________________________)

Type of Testing:  
  __ Fire alarm (circle one: horns, no horns)  
  __ Sprinkler/suppression

Reason for outage/Testing: _________________________________________________________

* * * * * * * * * * * * this portion completed by Customer Service Personnel * * * * * * *

Date/Time Received: ________________ Notification Req: y n Type: email or phone

Notify: Building Occupants / In-house / PM Tech / ADA______ Assigned to:__________

Notify: On POWER OUTAGES by phone I.T. Scott Fenstermacher, Dan Ewart, Chris Ward

Follow up Required? N/A N Y (Date/Time) _________________________________

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<th>Contact</th>
<th>Phone/Email</th>
<th>Comments</th>
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Date/Time Notified: ____________________________ Date/Time Confirmed with Reqstr: ____________

Outage arranged by ____________________________ Follow up Notification Sent: ____________

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