

# 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) \_\_\_\_\_

<u>Contact</u>	<u>Phone/Email</u>	<u>Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date/Time Notified: \_\_\_\_\_ Date/Time Confirmed with Reqstr: \_\_\_\_\_

Outage arranged by \_\_\_\_\_ Follow up Notification Sent: \_\_\_\_\_