Service or Equipment Interruption Request
(COVER SHEET)

---This form is to be completed by the Contractor and approved by the Owner no less than 10 working days before work begins. Approval time will vary based on interruption complexity. Ensure that submission allows sufficient time for approval before 10 day period begins.

Project Name and Number: ____________________________________________________________

Request Number: ____ Date: ____________ Contractor Name: ____________________________

What Service, Equipment, or Utility is being interrupted? ____________________________

FM D&C Construction Manager: ______________________________________________________

Times/Dates of Interruption: From: ____ AM □ PM □ on Date: ____________

To: ____ AM □ PM □ on Date: ____________

Estimated Duration: ____________

Service Interruption Task Analysis (SITA) form must be complete and attached. Is form attached? Yes □ No □

Has room access been arranged for secured areas? (mechanical, electrical, communications rooms) Yes □ No □

Contractor: I hereby declare that the details furnished are true and accurate to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

Signed: ________________________________
**Request # _____**  
**Date ________**

### Service Interruption Task Analysis

<table>
<thead>
<tr>
<th>Project Name:</th>
<th></th>
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<tbody>
<tr>
<td>Project Number:</td>
<td></td>
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</tbody>
</table>

**What service, equipment, or utility is being interrupted?**

<table>
<thead>
<tr>
<th>Name/Company</th>
<th>Cell Phone Number</th>
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<tbody>
<tr>
<td>Contractor’s Project Manager</td>
<td></td>
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<tr>
<td>Contractor’s Superintendent</td>
<td></td>
</tr>
<tr>
<td>Sub-Contractor Contact</td>
<td></td>
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<tr>
<td>FM D&amp;C Construction Manager</td>
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</tbody>
</table>

**Section A: Location of Work: Include building(s), floor(s), department name(s), and room numbers.**

**Section B: Detailed Description of Scope of Work [Include Utility Type (electrical, sprinkler, water, steam, AHU, med gas, etc.) and Specifics (power type, pressurization, valve numbers, breaker numbers, AHU numbers, etc.)]:**  
Also include backup measures, should the interrupted component fail to re-engage upon completion of work.
Section C: Description of all areas and departments impacted by Interruption: Include building(s), floor(s), department name(s), and room numbers. Contractor is responsible for ensuring thorough survey has been done before presenting to the Owner’s Representative.

Section D: Description of why this service interruption is required:

Section E: Description of construction crew's experience working at the UIHC:
A Coordination meeting must be scheduled involving all pertinent stakeholders. This may include, but is not limited to: UIHC Capital Management Staff, Users, Engineering Services, Fire & Safety, Contractors, EVS, Facilities Management, Epidemiology, and HCIS (when applicable).

Date and time of this meeting: ________________________________

List UIHC Employee(s) operating valves, breakers, switches, etc: (Include Name, Department, and Cell Phone)

Have all affected users been notified?  Yes [ ]  No [ ]

List members of user group involved in discussion of this interruption: (Include Names and Departments. Include communication references (emails, meeting minutes, etc.) Include user signatures below, if applicable)

Is work taking place outside of Project Infection Control Zone?  Yes [ ]  No [ ]
-If Yes, attach plan of secondary containment area. Has this plan been reviewed by ICRA?  Yes [ ]  No [ ]

Will the work require Interim Life Safety Measures?  Yes [ ]  (If Yes: Attach ILSM Form)  No [ ]

Will a fire watch be required?  Yes [ ]  (If Yes: List below who will be providing the fire watch)  No [ ]

Will a construction notice be issued for this interruption?  Yes [ ]  No [ ]

Departmental Work Authorization Approval Signatures (* indicates required signature):

- FM D&C Construction Manager*: ____________________________ Date:________
- Engineering Services*: ____________________________ Date:________
- Safety & Security*: ____________________________ Date:________
- End-User*: ____________________________ Date:________
- End-User*: ____________________________ Date:________
- End-User*: ____________________________ Date:________
- Housekeeping: ____________________________ Date:________
- Epidemiology: ____________________________ Date:________
- Capital Management Associate Director*: ____________________________ Date:________

This form must be completed and approved by the Capital Management Associate Director a minimum of 10 working days before the anticipated interruption date.

A copy of this form shall be posted on the jobsite for a full 10 day period before interruption date as well as during the interruption. If a date/time change is required, the Contractor must notify the Owner’s Representative immediately.

09/21/18