



SIR # _____

Service or Equipment Interruption Request

This form is to be completed **in its entirety and submitted** by the owner no less than **10 working days** prior to the start of any work. Approval time will vary based on interruption complexity. Ensure submission allows sufficient time for approval before the 10-day period begins.

Project Number: _____ Project Name: _____

Date: _____ General Contractor: _____ Subcontractor: _____

FM D&C Construction Manager: _____ UIHC Liaison: _____

What is being interrupted or shut down? _____

Has contractor located valves? YES NO

Does contractor require Engineering Services assistance? YES NO

If YES, for, what? _____

Location of interruption (floor, building, area impacted): _____

Reason for interruption or shutdown? _____

Times/Dates of Interruption:

_____ am pm on Date: _____

_____ am pm on Date: _____

Estimated Duration: _____

Circle Day:

M T W TH F S SU

M T W TH F S SU

Notes:

ENGIE Involvement: YES NO

Controls Involvement: YES NO

HCIS Involvement: YES NO

Detailed Scope of Work and equipment/system/panels that are impacted. Attach additional details and floorplan showing extents of impact, pictures panel schedules, etc.:

Primary Contact	Name	Company	Cell Phone Number
GC's Project Manager			
GC's Superintendent			
Sub-Contractor Point of Contact			
FM D&C Construction Manager			

Provide the contact information for each person that will be on-site performing the work during the shutdown and their number of years of service performing work at UIHC (add pages if necessary).

Name	Company	Cell Phone Number	Number of Years Performing Work at UIHC

Form will be returned to the contractor if any section is left blank or without adequate detail

This section is to be completed by UIHC

The UIHC Liaison is to notify all affected users. Have the affected users been notified? YES NO

If planning meetings occurred, list those involved in the discussion of this interruption: (include names and departments. Include communication references (emails, meeting minutes, etc.). Include stakeholder signatures below, if applicable.

This section is to be completed by the Construction Manager

1. 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

2. Is an air handling unit that impacts areas outside of the project area being impacted? YES NO ->If YES, Attach Approved ICRA Form

3. Will fire watch be required? YES NO ----- >If YES, Attach Approved ILSM FORM

4. Will the work require Interim Life Safety Measures? YES NO ----- >If YES, Attach Approved ILSM FORM

Departmental Work Authorization Approval
Signatures (* indicates REQUIRED signature)

Contractor*: _____ Date: _____

FM D&C CM*: _____ Date: _____

Capital Management Liaison*: _____ Date: _____

Capital Management Assoc. Director*: _____ Date: _____

Engineering Services*: _____ Date: _____

Safety & Security*: _____ Date: _____

HICS: _____ Date: _____

ENGIE: _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

This form must be completed and approved 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 Construction Manager immediately.