

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 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 Number: _____ Project Name: _____

Date: _____ General Contractor: _____ Subcontractor: _____

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

What is being interrupted or shutdown? _____

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

Reason for interruption or shutdown? _____

Times/Dates of Interruption: From: _____ AM PM on Date: _____

To: _____ AM PM on Date: _____

Estimated Duration: _____

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 Contacts	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 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 sections left blank or without adequate detail. ---

---This page to be completed by the Owner---

UIHC Liaison to notify affected users. Have all affected users been notified? ____

If planning meetings occurred, list those involved in discussion of this interruption: (Include Names and Departments. Include communication references (emails, meeting minutes, etc.) Include Stakeholder 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

Is an air handling unit that impacts areas outside of the project area being impacted? Yes No

-If Yes, attach approved ICRA form.

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

Will a fire watch be required? Yes No (If Yes: Attach ILSM Form)

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

- **Contractor*:** _____ **Date:** _____
- **FM D&C Construction Manager*:** _____ **Date:** _____
- **Capital Management Liaison*:** _____ **Date:** _____
- **Capital Management Associate Director*:** _____ **Date:** _____
- **Engineering Services*:** _____ **Date:** _____
- **Safety & Security*:** _____ **Date:** _____
- **HCIS:** _____ **Date:** _____
- **Epidemiology:** _____ **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.