

**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&amp;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: \_\_\_\_\_

ENGIE Involvement

YES NO

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.:**

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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:** \_\_\_\_\_
- **ENGIE:** \_\_\_\_\_ **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.