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.:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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<thead>
<tr>
<th>Primary Contacts</th>
<th>Name</th>
<th>Company</th>
<th>Cell Phone Number</th>
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<tr>
<td>GC’s Project Manager</td>
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<td>GC’s Superintendent</td>
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<td>Sub-Contractor Point of Contact</td>
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<td>FM D&amp;C Construction Manager</td>
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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).

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<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Cell Phone Number</th>
<th>Number of Years Performing Work at UIHC</th>
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--- Form will be returned to the Contractor if any sections left blank or without adequate detail. ---
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.

Version 8/1/20