

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: _____

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:

---This page to be completed by the Owner's Representative---

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.