



SYSTEM SHUTDOWN - REQUEST

For planned Shutdown requests, the following minimum timelines (prior to shutdown date) are required:

- **Ten (10) business days** Contractors submit completed Shutdown Request to AES Project Lead.
- **Four (4) business days** OM Trade final review to AES Project Lead.
- **Three (3) business days** AES Project Lead submits completed Shutdown Request and Impact Assessment Forms to Work Order Desk.

* Incomplete forms may result in delay of the shutdown approval.

** Exceptions to the above will require O&M Asst. Director approval in order to be processed.

A) to be filled out by the person/company initiating the shutdown request:		
Shut-Down Location (Building):		Rooms #s:
Reason / Scope:		Start Date:
		Finish Date:
		Start Time:
		Finish Time:
Site Contact (Name/Company/Role):		Phone:
		Email:
Late Submittal Justification (if less than 10 business days):		

- ☐ This is a re-occurring shutdown happening each day of the period notified above.
☐ **Check this box if Shutdown requested is occurring after hours** (4:00 p.m. – 8:00 a.m.) ☐ Includes weekend work
☐ Is Customer / End-user Notification Required? ☐ Yes ☐ No

System(s) impacted:

Electrical	Mechanical	Plumbing	Life Safety*	Other
<input type="checkbox"/> Main Power <input type="checkbox"/> Emergency Power <input type="checkbox"/> Other:	<input type="checkbox"/> Supply Fans <input type="checkbox"/> Return Fans <input type="checkbox"/> Exhaust Fans <input type="checkbox"/> Fume hoods <input type="checkbox"/> Vacuum Systems <input type="checkbox"/> Refrigeration <input type="checkbox"/> Other:	<input type="checkbox"/> Steam/Condensate <input type="checkbox"/> Domestic Hot Water <input type="checkbox"/> Domestic Cold Water <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Natural Gas <input type="checkbox"/> Compressed Air/Gas <input type="checkbox"/> Chilled Water <input type="checkbox"/> Other:	<input type="checkbox"/> Suppression <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Security Alarms <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> Egress/Fire Separation <input type="checkbox"/> Fire Monitoring <input type="checkbox"/> Other:	<input type="checkbox"/> Elevators <input type="checkbox"/> Pedestrian Corridor <input type="checkbox"/> Parking/Roadways <input type="checkbox"/> Custodial <input type="checkbox"/> Other:

B) to be filled out by the AES Project Lead:	
Project Name:	W.O. or Req. #:
	FOAPAL:
Service Disruption Information:	

- ☐ Contractor is performing the shut-down OR ☐ O&M Trades are performing the shut-down (WO Req'd)
☐ Check this box to confirm Trade Manager's Approval of this shut-down.
☐ Check this box to confirm coordination with and approval by UMSS and IST (as required).
☐ Check this box to confirm Life-Safety related and reviewed by the Life-Safety Engineer
 * NOTE: if this Life-safety shut down is supporting Hot Work, follow the U of M Hot Work Procedures.
- ☐ This Shut-down Request was reviewed with the impacted end users:

_____ (name) _____ (Faculty or Dept.)