

**University of Florida
Facilities Services – Utility Outage Request**

Must be submitted to FS WMC 7 Working Days Prior to Outage
(One Outage Request Per Occurrence)

FS WMC	Phone: 392-1121	Email: workorder@admin.ufl.edu	Address: BLDG 702/PO BOX 117730
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DESCRIBE OUTAGE PURPOSE AND PROVIDE ROOMS & BUILDINGS AFFECTED:

Project Name: _____ Project Number: _____

UNIVERSITY PROJECT/DEPARTMENT MANAGER MUST SUBMIT:

Name: _____ Department: _____ Phone: _____ Email: _____

People Soft Chartfield: _____ PO# _____ Initial for Approval: _____ Date: _____

NOTE: FOR OUTAGE SUPPORT WORK BUDGET \$500, IF MORE/LESS CHARGED HOURLY RATE INCLUDING PRE-WORK EVALUATION.

CONTRACTOR CONTACT INFORMATION:

Main Contact: _____ Company/Department: _____ Phone/Cell: _____

Field Contact (If Applicable): _____ Phone/Cell: _____

REQUESTS THE FOLLOWING UTILITY OUTAGE (CHECK ALL SYSTEMS THAT APPLY)

<input type="checkbox"/> Electrical*	<input type="checkbox"/> Steam	<input type="checkbox"/> Domestic Water**	<input type="checkbox"/> Security Alarms	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Elevators
<input type="checkbox"/> HAVC	<input type="checkbox"/> Heating Hotwater	<input type="checkbox"/> Fire Water**	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Others
<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Domestic Hot Water	<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Computer System	<input type="checkbox"/> Natural Gas	<input type="checkbox"/>

* Identify all systems that may be affected by this electrical outage

** Identify all systems (fire alarms, fire and/or domestic water) that may be affected by either fire or domestic water outage.

OUTAGE DURATION:

Start date	Time	End Date	Time
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BELOW IS FOR FS USE ONLY

RECOMMENDED FS TRADES TO PERFORM OUTAGE (ALL FS SHOPS MUST APPROVE BY INITIALING)

Campus HSC

SHOP	OPS ENG	ALARMS	HVAC/Bldg. Steam	Elevator	Plumbing	Bldg. Elec.	CHW	Water Dist.	Elec. Dist.	Steam Dist.	WRF	UT Metering
APPROVAL												

AFFECTED BUILDINGS / AREAS (COMPLETED BY OUTAGE SUPERVISOR)

BLDG NO	BUILDING NAME	AREAS / FLOORS / ROOMS / AFFECTED	OCCUPANTS NOTIFIED (WMC USE ONLY)
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES
			<input type="checkbox"/> YES

Check box if additional sheets are attached listing all affected buildings and systems

OUTAGE SUPERVISOR: Print Name _____	Signature: _____	Cell#: _____
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***The representative with signature approval must communicate with the University Project Manager and contact WMC if their area cannot fulfill the Outage Request**

WMC APPROVAL	Signature: _____	Date: _____
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