

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

Must be submitted to FS WMC 10 Business Days for Major outage & 5 Business days for Minor 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 BUILDINGS & ROOMS AFFECTED: SELECT ONE: Major Minor

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)

Electrical*	Steam*	Domestic Water*	Fire Alarms Audio Visual Test	Sanitary Sewer	Elevators
HAVC*	Heating Hot Water	Fire Water*	Fire Alarms Disable/Program	Storm Sewer	Telecommunications
Chilled Water*	Domestic Hot Water	Computer System	Security Alarms	Natural Gas	Others

* Identify all systems that may be affected by this outage

OUTAGE DURATION: SELECT ONE: BUSINESS HOURS AFTER HOURS

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

WMC APPROVAL	Signature: _____	Date: _____
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