NORTHWESTERN STATE UNIVERSITY

Facilities & Plant Operations

UTILITY SHUTDOWN REQUEST FORM

Submit form to PhysicalPlant@nsula.edu

IMPORTANT: Submit at least 72 business hours in advance. No shutdown may occur without written Facilities approval.

PROJECT / CONTRACTOR INFORMATION

Project Name: _____ **Project No.:** _____

Building: _____ **Campus:** _____ **Area / Room(s):** _____

Contractor: _____ **Contact Name:** _____ **Phone #:** _____

SHUTDOWN REQUEST

Utility (check all that apply):

☐ Electrical ☐ Domestic Water ☐ Chilled Water ☐ Heating/Steam ☐ Natural Gas
☐ Sewer/Sanitary ☐ Fire Protection ☐ Data/Communications ☐ Other: _____

Reason / Description of Work:

_____

_____

_____

Requested Date: _____ **Start Time:** _____ **End Time:** _____ **Duration:** _____

IMPACT / SAFETY

Areas or Operations Affected / Mitigation Plan:

_____

_____

_____

Lockout/Tagout Required? ☐ **Yes** ☐ **No** **Fire System Impairment?** ☐ **Yes** ☐ **No**

Special Safety / Coordination Requirements:

_____

CONTRACTOR CERTIFICATION

I certify that the information above is accurate and understand that no utility shutdown may proceed without written approval from Facilities & Plant Operations.

Contractor Signature: _____ **Date:** _____

FACILITIES & PLANT OPERATIONS USE ONLY

Received: _____ **Reviewed By:** _____ **Approved:** ☐ **Yes** ☐ **No**

Approved Shutdown Date: _____ **Approved Time:** _____

Conditions / Notes:

_____

_____

_____

Facilities Representative: _____ **Signature:** _____ **Date:** _____

NO SHUTDOWN IS AUTHORIZED UNTIL APPROVED BY FACILITIES & PLANT OPERATIONS.