



Building Operations – System Shutdown Application Form

REQUESTOR INFORMATION	
Name	
Company Name	
Contact Information	
Project Title/Description	
Work Request/ PO Number	

CONTACT DETAILS (Complete all applicable fields)	
Consulting Firm	Name:
	Title:
	Email:
General Contractor	Name:
	Title:
	Email:
Sub-Contractor	Name:
	Title:
	Email:
On Site Coordinator	Name:
	Title:
	Email:

UBC CONTACT: Project Manager, Project Coordinator, Trade Head	
Name	
UBC Department/Group	
Contact Information	
Project Title/Description	
Work Request/ PO Number	

SHUTDOWN REQUIREMENTS	
Start Date & Time	Click here to enter a date.
End Date & Time	Click here to enter a date.
Location / Buildings impacted by shutdown	

Services / System Types for Shutdown <Select Only One>	Building	<input checked="" type="radio"/> Building Disconnect	
	Electrical	<input type="radio"/> Elevator	<input type="radio"/> Building Ops Electrical Projects
		<input type="radio"/> Fire Alarm	<input type="radio"/> Fire Suppression System
		<input type="radio"/> Sprinkler / StandPipe	<input type="radio"/> Emergency BackUp Power
		<input type="radio"/> MCC	<input type="radio"/> High Voltage (Bldg Not Affected)
		<input type="radio"/> Low Voltage (<100 Amos)	<input type="radio"/> High Voltage (Bldg Affected)
	Mechanical	<input type="radio"/> Air Conditioning Unit	<input type="radio"/> Air Handling Unit
		<input type="radio"/> Air Vacuum	<input type="radio"/> Chilled Water System
		<input type="radio"/> Compressor	<input type="radio"/> Condensate
		<input type="radio"/> Cooling Tower	<input type="radio"/> Exhaust Fan
		<input type="radio"/> Fume Hood System	<input type="radio"/> Heat Pump Unit
		<input type="radio"/> Heat Source	<input type="radio"/> Process Water
		<input type="radio"/> Pump	<input type="radio"/> Return Fan
	Plumbing	<input type="radio"/> Acid Waste Pipe	<input type="radio"/> Compressed Air
		<input type="radio"/> Domestic Cold Water	<input type="radio"/> Domestic Gas
		<input type="radio"/> Domestic Hot Water	<input type="radio"/> Medical Gases
		<input type="radio"/> Domestic Sanitary System	<input type="radio"/> Irrigation System
		<input type="radio"/> Domestic Hot Water Recirculation System	<input type="radio"/> Natural Gas Building System
	Utilities	<input type="radio"/> Disitrcct Heating System	<input type="radio"/> Hydrant
		<input type="radio"/> Water Distribution System	<input type="radio"/> Sanitary & Storm System
		<input type="radio"/> Natural Gas Distribution System	

SHUTDOWN REASON

CONSEQUENCE OF NOT PERFORMING SHUTDOWN

OTHER COMMENTS (SHUTDOWN MEMO)

SERVICE CONNECTION

Not Applicable No Yes Permit #

FIRE WATCH ON-SITE COORDINATOR (if applicable)

Name: Fire watch mobile phone: