

**FACILITIES SERVICES DEPARTMENT
REQUEST FOR OUTAGE**

Date: _____

Building or Campus Location: _____

Purpose of Outage: _____

Outage to begin _____ at _____ am/pm and continue until _____ at _____ am/pm
(Date) (Time) (Date) (Time)

Building Rep: _____ Date And Time Contact Made: _____

Facilities Services Contact Person: _____

Type of Outage / Services Affected:	Areas affected, if not entire building:
_____ Steam	_____
_____ Water - Hot / Cold	_____
_____ Deionized Water	_____
_____ Distilled Water	_____
_____ Compressed Air	_____
_____ Natural Gas	_____
_____ Vacuum	_____
_____ Air Conditioning	_____
_____ Building Heat	_____
_____ Electric Power	_____
_____ Elevator Number _____	_____
_____ Fire Alarm System	_____
_____ Other _____	_____

Environmental Impact on Campus Community evaluated: _____
(Signature) (Date)

Approvals: _____
(Director)

_____ (Assistant Director)

_____ (General Superintendent)

- | | | | | |
|----------|----------------|----------------|----------------|--|
| Copy To: | Roy Warwick | Cesar Penabla | David Cash | <u>Phone Notifications:</u>
Telephone Services
Central Alarm
Env/Health & Safety
UT Police Dept. |
| | Terry Ledford | Wally Beets | Barry Mitchell | |
| | Bob Caudill | Tommy Oakley | Derek Bailey | |
| | Roger McDonald | Wes Willoughby | Jim McCarter | |
| | Kevin Garland | Gordon Nelson | Tracy Ridings | |