

Beth Israel Deaconess Medical Center

Request for Utility Shutdown

Today's Date:  Capital Tracking (CTS) #   
Infrastructure Project #   
Account Center #

Campus:

Location:

Project:

Project Manager:

PM Contact Information: Office #  Beeper #  Cell #

Requested by:  Company:  Contact #

Shut Down Type:

Reason for Shut Down:

Description of Systems:

Areas Affected by the S/D:

Necessary to deactivate smoke detectors and/or take fire zone (s) off line in the area?

Work involves Soldering, Brazing, Cutting and/or the use of Open Flame?

If "Yes, has a Hot Work Permit been issued by the Medical Center?  Permit #

Date of S/D requested:  Duration:  From:  PM  To:  AM

**To be used by Maintenance Personnel Only**

Approved for Date & Time Requested:

Must be rescheduled to: Alternative Date:

S/D Scheduled by:  Confirmed with:  Date:

S/D Preparation Time  Hours Comments:

S/D Performance Time  Hours