

Facilities Management Division Shutdown Request Form

Shutdown requestor must complete blocks 1 through 6 and sign/date form below.

1. Desired Shutdown Date:	2. Desired Shutdown Times:	3. Contact Person and Ext.:
4. Location of shutdown (bldg./floor(s) / room numbers)	5. Specific systems, equipment, utilities to be shutdown: 5A. Could the shutdown work affect the fire alarm system? Yes No Unknown	6. Shutdown requested to support work by: Contractors Facilities Management Other _____ (Please specify)

Comments: _____

Requestor's Signature: _____ **Date:** _____

Submit Completed Form to Work Management Center, HP-1022 or Fax (706) 721-6501

Space Below to be Completed by Facilities Management	
Shutdown Notice: # _____ (Assigned by WMC)	Approved Shutdown Date: _____ Approved Shutdown Time: _____ (To be completed by assigned shutdown Manager/Supervisor)
SHUTDOWN CHECKLIST	
	<i>Initial / Date</i>
*Manager's review and approval	
*Work order generated	
*Building Coordinator notified	
*Requestor notified	
*Shutdown notice sent	
*Contact Central Energy & contractor just prior to shutdown	
*Safety Bureau contacted for fire alarm systems	
*System returned to service (contact Safety Bureau for fire alarm system)	
*Completed copy must be returned with work order to WMC upon completion	