

## Fire Life Safety Systems Shutdown Request

**Submit 5 days in advance to CapU Liaison for approval**

|                  |              |
|------------------|--------------|
| Project Name:    | Start Date:  |
| CapU Liaison:    | Office/Cell: |
| Company Name:    | Office:      |
| Site Supervisor: | Cell:        |

- This form shall be initiated by the Contractor or Subcontractor requesting the service shut down
- This form shall be forwarded to the Manager, Plant Services & Operations for scheduling with the appropriate trade forepersons (along with work procedures and operations plan)
- Contractors are not to assume that the shutdown will be scheduled on the date requested until notification from the CapU Liaison
- Upon verification, the CapU Liaison will send notification to the Manager OHS & EP

**PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION**

**Project Information**

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Type of Service:        |  | Date(s) Required: |  |
| Building/area impacted: |  | Start Time:       | End Time:  |
| Impacts:                | Fire Alarm <input type="checkbox"/>      | Area Impacted     | Signage posted <input type="checkbox"/>          |
|                         | Fire Detection <input type="checkbox"/>  |                   | Fire Watch – Security <input type="checkbox"/>   |
|                         | Fire Supression <input type="checkbox"/> |                   | Fire Watch - Contractor <input type="checkbox"/> |

Scope of Work – system components and area being affected (attach additional documentation as required)

|                             |                               |
|-----------------------------|-------------------------------|
| Contractor Signature & Date | CapU Liaison Signature & Date |
|-----------------------------|-------------------------------|

**Facilities Verification**

Facilities Building Systems Manager Signature & Date

Notes:

**Work Complete**

|                             |                              |                             |                               |
|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| System Tested               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Verification Paperwork Date:  |
| Deficiencies                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Notes:                        |
| System Fully Operational    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                               |
| Date Restored:              |                              |                             |                               |
| Contractor Signature & Date |                              |                             | CapU Liaison Signature & Date |