

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 sent to the CapU Liaison for scheduling with the appropriate trade forepersons
- Contractors are not to assume that the shutdown will be scheduled on the date requested until notification from the Project Manager
- 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:	
HVAC <input type="checkbox"/>	Power/Electrical <input type="checkbox"/>	Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Scope of Work – system components and area being affected (attach additional documentation as required)			

Contractor Signature & Date

Facilities Verification

CapU Liaison 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
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