



# REQUEST FOR SHUTDOWN

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

1. System to be Shutdown: \_\_\_\_\_

2. Shutdown Date: \_\_\_\_\_

3. Estimated Duration: \_\_\_\_\_ Hrs      Start Time: AM \_\_\_\_\_ PM \_\_\_\_\_

4. Operations Staff Assistance Required:    Yes \_\_\_\_\_ No \_\_\_\_\_

5. Reason:

6. Method of Approach/Sequence of Events:

7. Contractor's Equipment and Materials Needed:

8. Contingency Plan:

## AUTHORIZATION:

Owner's Representative: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comments:

DPW Department Head: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comments:

Final Approval:    Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_