
Utility Directive Number: U001
Applicability: Trade Shops

Effective Date: 12/01/2014
Revision:
Approval:

SUBJECT: Utility outage request

PURPOSE: Establish standard for utility outage.

REFERENCES

POLICY: Outage Procedure

Routine Utility Interruption Request

Facilities Operations Policy & Procedures - Policy #U001

Purpose: To insure that the effect of utility interruptions on campus operations is minimized and that the Campus community is given sufficient notice to avoid the disruption of critical functions.

Procedure:

Warning: **Contractors may not interrupt any service without coordinating with Facilities Operations. All cutoffs and restoration of service will be performed by Facilities Operations personnel.**

1. When a utility interruption is required, the requestor and appropriate Facilities Operations personnel will determine the type of interruption (i.e. steam, electrical) that needs to be performed.
2. The requestor, with Facilities Operations assistance, is responsible for determining the area(s) / building(s) that will be affected. The Project Manager and the appropriate Facilities Operations Shop/Zone Supervisor will review the scope of the interruption to determine the impact to the building and determine if it is a major or minor interruption. The requestor shall inform the Customer Service Center of the buildings, areas, and systems that will be affected.
 - a) The requestor must submit a work order via Facilities Operations' computerized maintenance management system (MC) to the Customer Service Center. The Customer Service Center will provide the requestor with the Request for Utility Interruption and/or Fire Alarm/Fire Sprinkler Systems Disconnect form and work order # and refer them to the appropriate shop/zone and contact person.
 - b) The requestor must contact the shops/zones personnel to complete the Request for Utility Interruption form and/or Fire Alarm/Fire Sprinkler Disconnect. In the case of fire alarm shutdowns, approval by Fire Protection is also required*. The requestor will return the signed form to the Customer Service Center.
3. Upon receipt of the completed utility interruption form, the Customer Service Center will schedule the utility interruption by notifying affected parties via email communication. The Customer Service



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Center will call and email impacted parties for emergency interruptions and those affecting entire buildings. The Customer Service Center will advise the requestor that notifications are complete by copy of email communication.

4. After the Customer Service Center has completed processing the request form/utility interruption, it will be the requestor's responsibility to notify both the Customer Service Center and the shop regarding any modifications to the schedule or extent of the outage. Modifications may require rescheduling of the outage.
5. Major Interruptions:

The following is the minimum amount of notice (working days) that should be allowed for a utility interruption. Longer notification times are recommended

Primary (Total Building) Power – 10 working days	Distilled Water Interruption – 3 working days
Secondary Power Feeders – 4 working days	Steam Interruption – 5 working days
Cold/Hot Water Interruption – 4 working days	Gas Interruption – 5 working days
A/C/Heat Interruption – 4 working days	Lab Air Interruption – 4 working days
*Fire/Sprinkler Alarm Disconnect/Testing – 3 working days	Sanitary/Storm Sewer – 3 working days

6. Minor Interruptions:

The above time frames are focused on major service interruptions. Minor electrical/plumbing/mechanical outages for single branch circuits/supply pipes serving a limited area are not covered by this policy. It is the responsibility of the shop/project manager performing the work, to provide adequate advance notification to building occupants appropriate for the level of outage and to provide alternate sources and services as required.

7. All requests for utility interruptions should be submitted to the Customer Service Center prior to 3:00 p.m. Requests received after 3:00 p.m. shall be considered to be submitted on the next business day. At the request of the Project Manager, exceptions to the notification requirements may be approved by the Director or Assistant Unit Director for Facilities Operations or their designee.
8. Fire/Sprinkler Alarm System Disconnect/Testing:

*See Policy #, Scheduling a Fire Alarm Disconnect, for information.



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9. **Extensions:** The Supervisor/Project Manager initiating the interruption request is responsible for notification of any extension in the outage duration.

Utility Shutdown Request

PLEASE NOTE: A minimum of 10 working days' notice is required for Shutdown Requests. Exceptions may apply to emergencies only. Failure to provide appropriate notice will result in your shutdown being denied

Shutdown Requests that are out of the ordinary require a meeting between the Requestor, facility user(s) and affected Shop(s), and must be arranged by the Requestor. The Requestor is responsible for coordinating with the Shop(s) and/or Contractor to determine the exact equipment to be shut down as well as the areas affected.

The Work Control Team will review the Shutdown Request and forward it to the facility user(s) affected by the Shutdown. Facility user(s) must agree to the proposed Shutdown before it is approved. If the facility user(s) are in agreement, the Work Control Team will approve the Shutdown, and forward the approval notice to the Requestor and affected Shops. The Shutdown will be published on the Utility Outages and Shutdown Notices web page and/or in the Insight and/or WT web site. If the facility user(s) do not agree to the proposed Shutdown Request, the Requestor will review alternative times and come to an agreement with the facility user(s). Upon agreement, the Work Control Team will approve the Shutdown and communicate the Shutdown as stated above.

Upon approval, the Requestor must contact/coordinate with the appropriate Shop(s) and/or Contractor to accomplish the Shutdown at the agreed upon time. The Requestor is responsible for the restoration of the Shutdown at the correct time.

Requestor Information

*Required Fields

***First Name:**

***Last Name:**

***Department:**

***Email Address:**

***Phone Number**



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(will receive a copy of this submittal)

Same as Requestor

***First Name:** ***Last Name:**

Department (if known):

***Email Address:**

Phone Number (if known):

(will receive a copy of this submittal)

Contact on Site During Shutdown

***First Name:** ***Last Name:**

***Contact Phone Number:**

Work order Information

***Work Order:**
 Enter work order number.
Please contact your ASU Project Manager
if you do not know your Work Order Number.

***Work Order Type:**
 Maintenance Service

Shutdown Request Details

***Request Permission to Shutdown the Following Utility(ies) and/or Equipment:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Chilled Water S/R | <input type="checkbox"/> Heating | <input type="checkbox"/> Electrical - Emergency Power |
| <input type="checkbox"/> Domestic Hot Water | <input type="checkbox"/> Cooling | <input type="checkbox"/> Electrical - 120/208 VAC |
| <input type="checkbox"/> Domestic Cold Water | <input type="checkbox"/> Compressed Air (lab or control) | <input type="checkbox"/> Electrical - 277/480 VAC |
| <input type="checkbox"/> RO Water | <input type="checkbox"/> Gas | <input type="checkbox"/> Electrical -VAC |
| <input type="checkbox"/> Steam/Condensate | <input type="checkbox"/> Elevator | <input type="checkbox"/> Fire Sprinklers |



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- | | | |
|--|---|---|
| <input type="checkbox"/> Heating Hot Water | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Sanitary Waste |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Fire Alarm Testing | <input type="checkbox"/> Acid Waste |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other (Please explain in Other Details section below.) |

Building Selection

Number: or Name:

Building(s): Add building(s) from the selection list above. Repeat for additional buildings.

***Area(s) affected:** Enter area(s) of building(s) and/or non-building areas affected.

***Date and Time of Shutdown:**

***Date and Time Restored:**

***Reason for Shutdown:**

Other Details:

Questions regarding Shutdown Requests: Please call the Work Control Team at

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